
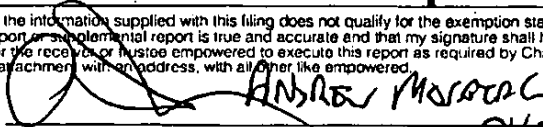


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90044 036 \*\*\*100.00  
04-11-2005 90196 024 \*\*\*\*50.00

**50036777**

<b>DOCUMENT # P02000063956</b>			
1. Entity Name <b>BAYVIEW CONSTRUCTION AND CONSULTING CORP</b>			
Principal Place of Business <b>3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065</b>		Mailing Address <b>3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065</b>	
2. Principal Place of Business <b>11784 W. SAMPLE ROAD</b>		3. Mailing Address <b>11784 W. SAMPLE ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS FL</b>		City & State <b>CORAL SPRINGS FL</b>	
Zip <b>33065</b>	Country <b>USA</b>	Zip <b>33065</b>	Country <b>USA</b>
4. FEI Number <b>01-0705257</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOSBERG, ANDREW 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>ANDREW MOSBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>11784 W SAMPLE ROAD</b> City <b>CORAL SPRINGS</b> FL <b>33065</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MOSBERG, ANDREW 330 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11784 W. SAMPLE ROAD CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMAN, HOWARD W 330 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11784 W. SAMPLE ROAD CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>3/8/05</b> Daytime Phone <b>242528119</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			