

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076347

FILED  
Jun 01, 2006  
Secretary of State

Entity Name: BAY AREA PROPERTY GROUP INC.

## Current Principal Place of Business:

18801 US HWY 41  
LUTZ, FL 33549

## New Principal Place of Business:

18801 US HWY 41 N  
LUTZ, FL 33549

## Current Mailing Address:

18801 US HWY 41  
LUTZ, FL 33549

## New Mailing Address:

18801 US HWY 41 N  
LUTZ, FL 33549

FEI Number: 01-0734566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULE, NICOLE R  
18801 US HWY 41  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

MULE, NICOLE R  
18801 US HWY 41 N  
LUTZ, FL 33549 US

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.

SIGNATURE: NICOLE MULE

06/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MULE, NICOLE R  
Address: 18801 US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete  
Name: MULE, MARK J  
Address: 18801 US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete  
Name: MULE, MARK J  
Address: 18801 US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: S ( ) Delete  
Name: MULE, NICOLE R  
Address: 18801 US HWY 41  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE MULE

PRES

06/01/2006

Electronic Signature of Signing Officer or Director

Date