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Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90371 018 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077010

1. Entity Name
LAW OFFICES OF MICHELLE A. VITT BAKER, P.A.

40034309

Principal Place of Business	Mailing Address
1055 CHENEY HWY MEADOWS PLAZA TITUSVILLE, FL 32780	1055 CHENEY HWY MEADOWS PLAZA TITUSVILLE, FL 32780

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
835 Cheney Hwy		835 Cheney Hwy	
Suite, Apt. #, etc.: Suite A		Suite, Apt. #, etc.: Suite A	
City & State: Titusville, FL		City & State: Titusville, FL	
Zip: 32780	Country: USA	Zip: 32780	Country: USA

4. FEI Number 04-3701314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITT BAKER, MICHELLE A
~~6824 BUXTON AVE~~
~~COCOA, FL 32927~~

7. Name and Address of New Registered Agent

Name: Vitt Baker, Michelle A
Street Address (P.O. Box Number is Not Acceptable): 1612 Waterside Circle
City: Titusville FL Zip Code: 32780

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: [signature] 3/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	VITT BAKER, MICHELLE A		NAME	Vitt Baker, Michelle A	
STREET ADDRESS	1055 CHENEY HWY, MEADOWS PLAZA		STREET ADDRESS	835 Cheney Hwy, Suite A	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville, FL 32780	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Michelle A. Baker 321-269-3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #