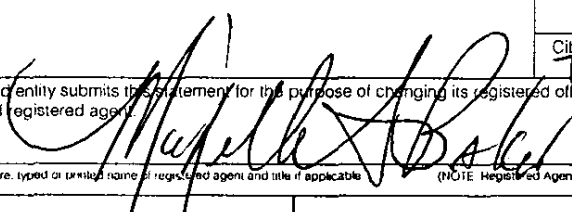
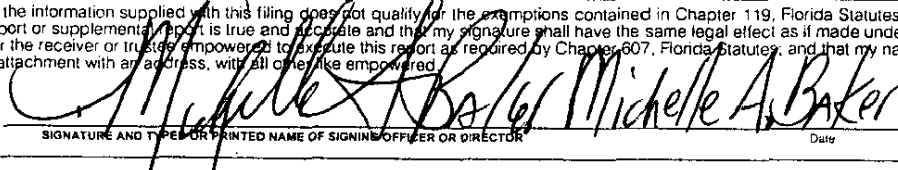


FILED
Mar 12, 2007 8:00 am
Secretary of State

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.			
Principal Place of Business 1055 CHENEY HWY MEADOWS PLAZA TITUSVILLE, FL 32780		Mailing Address 1055 CHENEY HWY MEADOWS PLAZA TITUSVILLE, FL 32780	
2. Principal Place of Business - No P.O. Box # 835 Cheney Hwy		3. Mailing Address 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 GOCOA, 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 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  DATE 3/7/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)			
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 NAME STREET ADDRESS CITY- ST- ZIP	D VITT BAKER, MICHELLE A 1055 CHENEY HWY, MEADOWS PLAZA TITUSVILLE, FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Vitt Baker, michelle A 835 Cheney Hwy, Suite A Titusville, FL 32780 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 officer-like empowered.			
SIGNATURE: 		321-269-3080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	