2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005
Secretary of State

DOCUMENT# P02000095561

Entity Name: BAY CITY GYMNASTICS INC.

Current Principal Place of Business:

9305 BALM RIVERVIEW DR.
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

9305 BALM RIVERVIEW DR.
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 74-3067560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENSON, JANET L
9305 BALM RIVERVIEW DR.
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HENSON-COUNTS, JULIE
Address: 11811 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569

Title: V ( ) Delete
Name: HENSON, ROBERT
Address: 11811 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569

Title: S ( ) Delete
Name: HENSON, JANET
Address: 11811 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569

Title: T ( ) Delete
Name: COUNTS, DANNY
Address: 1181 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33567

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 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 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: JULIE HENSON-COUNTS P 07/13/2005

Electronic Signature of Signing Officer or Director — Date