


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

5/3/02

05-03-2004 90999 012 \*\*\*150.00

<b>DOCUMENT # P02000100649</b>			
1. Entity Name <b>THEO BAILEY CORP.</b>			
Principal Place of Business <b>620 94TH AVENUE NORTH NAPLES, FL 34108</b>		Mailing Address <b>620 94TH AVENUE NORTH NAPLES, FL 34108</b>	
2. Principal Place of Business <b>4970 Coral Wood Dr</b>		3. Mailing Address <b>4970 Coral Wood Dr</b>	
Subte, Apt. #, etc.		Subte, Apt. #, etc.	
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>	
4. FEI Number <b>56-2291572</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		7. Name and Address of New Registered Agent	
<b>BAILEY, THEODORE A 620 94TH AVENUE NORTH NAPLES, FL 34108</b>		Name <b>Bailey Theodore A</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4970 Coral Wood Dr</b>	
		City <b>Naples</b> FL Zip Code <b>34119</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		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-STATE-ZIP	<b>P BAILEY, THEODORE A 620 94TH AVENUE NORTH NAPLES, FL 34108</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P Bailey, Theodore A 4970 Coral Wood Dr Naples, FL 34119</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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)(b), 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 the address, with all other like employees.			
SIGNATURE: <b>Theo Bailey</b>		Date: <b>6/14/04</b>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>Date</small>	

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 4025 Pine Ridge  
 Naples