


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000110848</b> 1. Entity Name <b>BA INFECTION CONTROL CONSULTANTS INC.</b>	
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Principal Place of Business <b>118 OLD COUNTRY RD. WELLINGTON, FL 33414</b>	Mailing Address <b>118 OLD COUNTRY RD. WELLINGTON, FL 33414</b>
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05282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ATKINS, BRENDA J CIC 118 OLD COUNTRY RD WELLINGTON, FL 33414</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.	<b>5/28/05</b>
SIGNATURE: <i>Brenda Atkins</i> <small>Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, BRENDA 118 OLD COUNTRY RD WELLINGTON, FL 33414
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<p>4000000369059 06/07/05-80001-004 550.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Brenda Atkins</i> <b>5/28/05</b> <b>561-441-4310</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>