

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000008195 1. Entity Name BABYLON MANAGEMENT, INC.	
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Principal Place of Business 1001 E. ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483	Mailing Address 1000 MARKET STREET STE 300 PORTSMOUTH, NH 03801
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE, Registered Agent signature required when reinstalling) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

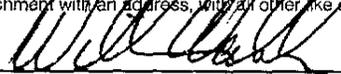
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MARK 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, MICHAEL 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM 1000 MARKET STREET PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1000000332602
04/26/05-80063-020 150.00

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 an other, like empowered.

SIGNATURE:  William Walsh 1/31/05 (561) 279-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #