

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010671

Entity Name: BAY ISLAND GROUP, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

614 TOLEDO ROAD
SUITE A
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

614 TOLEDO ROAD
SUITE A
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 27-0044315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HASELOFF, HANS J
614 TOLEDO ROAD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

HASELOFF, HANS J
614 TOLEDO ROAD
A
NORTH PORT, FL 34287 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: HASELOFF, HANS J
Address: 614 TOLEDO ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: DCFO () Delete
Name: HASELOFF, SIGRID
Address: 614 TOLEDO ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: HASELOFF, PETER J
Address: 2407 ALESIO AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Delete
Name: FARRELL, CONNIE K
Address: 5303 WIND BRUSH DRIVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HASELOFF, HANS J CEO
Address: 614 TOLEDO ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: HASELOFF, SIGRID CFO
Address: 614 TOLEDO ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: FARRELL, CONNIE
Address: 5303 WINDBRUSH DRIVE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HANS J HASELOFF

CEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date