


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000087677</b> 1. Entity Name <b>BAIR ENTERPRISES, INC.</b>	
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1st MOORE CR2E034 (10/05)

Principal Place of Business 1905 PICCADILLY CIR CAPE CORAL FL 33991		Mailing Address 1905 PICCADILLY CIR CAPE CORAL FL 33991	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>55-0842568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  BAIR, ROBERT 1905 PICCADILLY CIR CAPE CORAL FL 33991	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D BAIR, ROBERT 1905 PICCADILLY CIR CAPE CORAL FL 33991	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add  1100000405343 02/07/06-80038-007 150.00
NAME	BAIR, SUSAN 1905 PICCADILLY CIR CAPE CORAL FL 33991	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	1905 PICCADILLY CIR CAPE CORAL FL 33991	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert E. Bair **ROBERT E. BAIR** 1/24/06 (239)283-4554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #