

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114504

FILED  
Jul 10, 2005  
Secretary of State

Entity Name: BARON DIVERSIFIED GROUP, INC.

## Current Principal Place of Business:

36821 LAUREL OAK LANE  
DADE CITY, FL 33525

## New Principal Place of Business:

24631 ROYALE RIDGE  
LAGUNA NIGUEL, CA 92677

## Current Mailing Address:

36821 LAUREL OAK LANE  
DADE CITY, FL 33525

## New Mailing Address:

24631 ROYALE RIDGE  
LAGUNA NIGUEL, CA 92677

FEI Number: 90-0121379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BARON, LES  
36821 LAUREL OAK LANE  
DADE CITY, FL 33525 US

## Name and Address of New Registered Agent:

BARON, LES  
VILLA DYLANO  
400 HAYDEN ROAD  
TALLAHASSEE, FL 32304 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: LES BARON

07/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARON, LES  
Address: 36821 LAUREL OAK LANE  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: BARON, KIM  
Address: 36821 LAUREL OAK LANE  
City-St-Zip: DADE CITY, FL 33525

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BARON, LES  
Address: 24631 ROYALE RIDGE  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D (X) Change ( ) Addition  
Name: BARON, KIM  
Address: 24631 ROYALE RIDGE  
City-St-Zip: LAGUNA NIGUEL, CA 92677

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LES BARON

D

07/10/2005

Electronic Signature of Signing Officer or Director

Date