2007 FOR PROFIT CORPORATION --**ANNUAL REPORT**

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P03000132460 04-20-2007 90201 042 ***150.00 **BAYWAY ENTERPRISES, INC.** Principal Place of Business Mailing Address AAAATJAJ 936 PINELLAS BAYWAY 936 PINELLAS BAYWAY TIERRA VERDE, FL 33715 TIERRA VERDE, FL. 33715 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0395517 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sharon Gorecki AUSTIN, SHARON L Street Address (P.O. Box Number is Not Acceptable) 936 PINELLAS BAYWAY TIERRA VERDE, FL 33715 936 Pinellas Bayway Verde 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLÈ TITLE ☐ Delete ☐ Change ☐ Addition NAME GORECKI, DARRYL NAME 936 PINELLAS BAYWAY #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP TITLE ☐ Delete Change : Addition Gorecki, Sharon 936 Pinella: Bayway Tierra Vende, Fl. AUSTIN, SHARON NAME NAME STREET ADDRESS 936 PINELLAS BAYWAY #2 STREET ADDRESS 39715 CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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:

FILED