


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90140 045 \*\*\*150.00

<b>DOCUMENT # P04000011880</b> 1. Entity Name <b>RICK BAILEY, INC.</b>					
Principal Place of Business <b>6070 S.E. GRAND CAY COURT STUART, FL 34997 US</b>			Mailing Address <b>6070 S.E. GRAND CAY COURT STUART, FL 34997 US</b>		
2. Principal Place of Business <i>19 WALKING STICK DR</i>		3. Mailing Address <i>19 WALKING STICK DR</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>ELLEXSLIE GA</i>		City & State <i>ELLEXSLIE GA</i>		4. FEI Number <b>90-0134835</b>	
Zip <i>31807</i>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BAILEY, THOMAS R 6070 S.E. GRAND CAY COURT STUART, FL 34997</b>			7. Name and Address of New Registered Agent Name <i>MARTIN V DELISI</i> Street Address (P.O. Box Number is Not Acceptable) <i>2000 PCA BLVD</i> <i>SUITE 3006</i> City <i>PALM BEACH GARDENS</i> <b>FL</b> Zip Code <i>33408</i>		
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 <i>[Signature]</i> DATE <i>4/26/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, THOMAS R 6070 S.E. GRAND CAY COURT STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>19 WALKING STICK DR</i> <i>ELLEXSLIE GA 31807</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, JUDITH A 6070 S.E. GRAND CAY COURT STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>19 WALKING STICK DR</i> <i>ELLEXSLIE GA 31807</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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: <i>Thomas R. Bailey</i> <b>Thomas R. Bailey</b> <i>4/3/2006</i> <b>706-575-6118</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					