


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90034 039 ***150.00

DOCUMENT # P04000012401	
1. Entity Name CHRIS BAKER, INC.	

Principal Place of Business 1480 E SAMPLE RD SUITE 302 POMPANO BEACH, FL 33064	Mailing Address 1480 E SAMPLE RD SUITE 302 POMPANO BEACH, FL 33064
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2. Principal Place of Business - No P.O. Box # 4780 NW 22 ST	3. Mailing Address 4780 NW 22 ST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State COCONUT CREEK, FL	City & State COCONUT CREEK, FL
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Zip 33063	Country	Zip 33063	Country
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03112007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0714968	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKER, CHRIS 1480 E SAMPLE RD # 302 POMPANO BEACH, FL 33064	
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7. Name and Address of New Registered Agent Name BAKER, CHRIS Street Address (P.O. Box Number is Not Acceptable) 4780 NW 22 ST City COCONUT CREEK FL Zip Code 33063	
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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 CB	CHRIS BAKER	3/11/07
Signature, typed or printed name of registered agent and title if applicable.		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAKER, CHRISTOPHER W 1480 E SAMPLE RD SUITE 302 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4780 NW 22 ST COCONUT CREEK, FL 33064
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"/> Change <input type="checkbox"/> Addition
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"/> 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: CB	CHRIS BAKER	3/11/07	904-822-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #