


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 046 ***150.00

DOCUMENT # <u>P 04060064341</u>	
1. Entity Name <u>Bay Area Outsourcing, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6316 TURTLE CR BLVD</u>		3. Mailing Address <u>6316 TURTLE CR BLVD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa FL</u>		City & State <u>Tampa FL</u>	
Zip <u>33625</u>	Country <u>USA</u>	Zip <u>33625</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>74-3118802</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <u>William Scott Walls</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>6316 TURTLE CR</u>		
<u>1840 CORAL WAY, TAMPA</u>		
City <u>Tampa</u>	FL	Zip Code <u>33625</u>

**DO NOT WRITE
IN THIS SPACE**

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 William Scott Walls 04/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	<u>President</u> <u>William Scott Walls</u> <u>6316 TURTLE CR BLVD</u> <u>TAMPA FL 33625</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Scott Walls 04/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

813-961-6405