


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000072334</b> 1. Entity Name <b>BAE CONSULTING, INC.</b>																																										
Principal Place of Business <b>3900 MANGOLIA WAY PUNTA GORDA, FL 33950</b>	Mailing Address <b>3900 MANGOLIA WAY PUNTA GORDA, FL 33950</b>																																									
DO NOT WRITE IN THIS SPACE																																										
<div style="display: flex; justify-content: space-between;"> <span>01312006    No Chg-P    CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">             4. FEI Number  <b>20-1100139</b> </div> <div style="width: 35%; border: 1px solid black; padding: 2px;">                 Applied For                  Not Applicable             </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">             5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> <b>\$8.75</b> Additional Fee Required             </div> </div>																																										
6. Name and Address of Current Registered Agent  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; padding: 5px;"> <b>ESTEVEZ, BEATRICE A 3900 MANGOLIA WAY PUNTA GORDA, FL 33950</b> </div> <div style="width: 50%; text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;">                 DO NOT WRITE IN THIS SPACE             </div> </div>																																										
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">             SIGNATURE: <i>Beatrice A. Estvez</i>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 55%; text-align: right;"> <i>Beatrice A Estvez 2/1/06</i>  <small>(If "E", Registered Agent signature required when reinstating)      DATE</small> </div> </div>																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div style="width: 35%;">             9. Election Campaign Financing              Trust Fund Contribution.    <input type="checkbox"/> </div> <div style="width: 30%; text-align: right;"> <b>\$5.00</b> May Be Added to Fees                   000001419128                  02/14/06-80033-024 158.75             </div> </div>																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE</td> <td style="width: 85%;">D</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>ESTEVEZ, BEATRICE A</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>3900 MANGOLIA WAY</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>PUNTA GORDA, FL 33950</td> </tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> </table>			TITLE	D	NAME	ESTEVEZ, BEATRICE A	STREET ADDRESS	3900 MANGOLIA WAY	CITY-ST-ZIP	PUNTA GORDA, FL 33950	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Beatrice A. Estvez</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 55%; text-align: right;"> <i>Beatrice Estvez 2/1/06</i>  <small>Date</small> </div> </div>																																										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*941-6839-1655*