

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007516

FILED
Jul 05, 2006
Secretary of State

Entity Name: BAY MEDIATION & CONSULTING, INC.

Current Principal Place of Business:

16 BEACH DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

13307 N BOULEVARD
TAMPA, 33 33612

Current Mailing Address:

16 BEACH DRIVE
KEY WEST, FL 33040

New Mailing Address:

13307 N BOULEVARD
TAMPA, FL 33612

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SCHREMP, BRIAN W
Address: 16 BEACH DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: HOLLINGER, MARY R
Address: 16 BEACH DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SCHREMP, BRIAN W
Address: 13307 N BOULEVARD
City-St-Zip: TAMPA, FL 33612

Title: VD (X) Change () Addition
Name: HOLLINGER, MARY R
Address: 13307 N BOULEVARD
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHREMP

PTSD

07/05/2006

Electronic Signature of Signing Officer or Director

Date