

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013073

Entity Name: BAY NETWORKING, INC.

FILED  
Apr 16, 2007  
Secretary of State

**Current Principal Place of Business:**

440 HWY 20 EAST  
SUITE 407  
NICEVILLE, FL 32578

**New Principal Place of Business:**

4400 HWY 20 EAST  
SUITE 407  
NICEVILLE, FL 32578

**Current Mailing Address:**

1684 PARKSIDE CIRCLE  
NICEVILLE, FL 32578

**New Mailing Address:**

4400 HWY 20 EAST  
SUITE 407  
NICEVILLE, FL 32578

FEI Number: 20-2216083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INGRAM, DOUGLAS T JR  
912 S PALM BLVD  
SUITE E  
NICEVILLE, FL 32578 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOODS, CHARLES F  
Address: 1684 PARKSIDE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HAAS, CLIFFORD W  
Address: 72 9TH STREET  
City-St-Zip: SHALIMAR, FL 32579

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: CLIFFORD HAAS

P

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date