


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 005 ***158.75

DOCUMENT # P05000014733	
1. Entity Name BARE BUNS TRADING COMPANY, INC.	

Principal Place of Business 1901 BRINSON RD UNIT N-2 LUTZ, FL 33558	Mailing Address 1901 BRINSON RD UNIT N-2 LUTZ, FL 33558
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2. Principal Place of Business - No P.O. Box # 1901 Brinson Rd	3. Mailing Address 1901 Brinson Rd
Suite, Apt. #, etc. #47	Suite, Apt. #, etc. #47
City & State LUTZ, FL	City & State LUTZ, FL
Zip 33558	Zip 33558
Country USA	Country USA

40000014



01292007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2233623		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOUGLASS, STUART B 1901 BRINSON RD UNIT N-2 LUTZ, FL 33558		
7. Name and Address of New Registered Agent Name BG LYMAN Street Address (P.O. Box Number is Not Acceptable) 1901 Brinson Rd #47 City LUTZ FL Zip Code 33558		
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 BG Lyman BG Lyman 4-24-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D DOUGLASS, STUART B 1901 BRINSON RD, UNIT N-2 LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director BG LYMAN 1901 Brinson Rd #47 LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D BRADLEY, VAN T 20500 COT RD, UNIT 209 LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: **BG Lyman** **BG Lyman** **4-24-07** **813-300-4088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #