

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90125 043 \*\*\*150.00

DOCUMENT # P05000031331

1. Entity Name  
 BAAS CONSULTING SERVICES, INC.



20022282

Principal Place of Business  
 3154 CRESCENT OAKS BLVD.  
 TARPON SPRINGS, FL 34688 US

Mailing Address  
 3154 CRESCENT OAKS BLVD.  
 TARPON SPRINGS, FL 34688 US



2. Principal Place of Business  
 10007 Brookdale DR

3. Mailing Address  
 10007 Brookdale DR

02202006 Chg-P CR2E034 (11/05)

City & State  
 New Port Richey FL

City & State  
 New Port Richey, FL

Zip Country  
 34655 USA

Zip Country  
 34655 USA

4. FEI Number  
 20-3020430

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAAS, ANNE E  
 3154 CRESCENT OAKS BLVD.  
 TARPON SPRINGS, FL 34688

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 10007 Brookdale DR

City  
 New Port Richey FL

Zip Code  
 34655

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 *Anne E. Baas*

3-27-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BAAS, ANNE E 3154 CRESCENT OAKS BLVD. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAAS, MATTHEW F JR. 3154 CRESCENT OAKS BLVD. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10007 Brookdale DR NEW PORT RICHEY, FL. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10007 Brookdale DR New Port Richey, FL. 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Anne E. Baas*

3-27-06

727-236-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #