2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 04-26-2006 90233 018 ***150.00 **DOCUMENT # P05000042686** 1. Entity Name BAILBONDSMAN.COM INC. PPATOZZ. Principal Place of Business Mailing Address 1000 NW 14TH STREET 1000 NW 14TH STREET MIAMI, FL 33136 MIAMI. FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 01232006 CR2E034 (11/05) City & State City & State 4. FELNumber Applied For do-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAIBISCH, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1000 NW 14TH STREET MIAMI, FL 33136 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinssating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.S Oelete TITLE TITLE ☐ Change ■ Addition FAIBISCH, CHARLES NAME NAME 1000 NW 14TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33136 CSTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP O Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementall 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 bustee ampowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with anjaddless, with all other like empowered. SIGNATURE:

FILED Jun 12, 2006 8:00 am