

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 038 ***185.00

DOCUMENT # P05000087915					
1. Entity Name BAITH REAL ESTATE, INC.					
Principal Place of Business 5510 RIVER ROAD SUITE 114 NEW PORT RICHEY, FL 34652		Mailing Address 5510 RIVER ROAD SUITE 114 NEW PORT RICHEY, FL 34652			
2. Principal Place of Business 5629 Gulf Dr. Suite, Apt. #, etc.		3. Mailing Address 5629 Gulf Dr Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey		4. FEI Number 300-24-5239	
Zip FL		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAITH, FLOYD C 5510 RIVER ROAD SUITE 114 NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		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: <i>Floyd C. Baith</i>				DATE: 3/21/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAITH, FLOYD C		NAME	Baith, Floyd C	
STREET ADDRESS	5510 RIVER ROAD SUITE 114		STREET ADDRESS	5629 Gulf Dr	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		CITY - ST - ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Floyd C. Baith</i>				DATE: 3/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

00003437



ATTACHMENT
~~5000537~~
~~#PO500087915~~
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Baith Real Estate, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO500087915

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Floyd C. Baith
(Name of Contact Person)

Baith Real Estate, Inc.
(Firm/Company)

5629 Gulf Drive
(Address)

New Port Richey, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

Floyd C. Baith at (727) 842-4088
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT 50003451
#PO5000087915

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Baith Real Estate, Inc.
- 2. The principal office address: 5629 Gulf Drive, New Port Richey, FL 34652
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: June 20, 2005 Document number: PO5000087915

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Floyd C. Baith
5510 River Road Suite 114
New Port Richey, FL 34652

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Floyd C. Baith
5629 Gulf Drive
(P.O. Box NOT acceptable)
New Port Richey, FL 34652

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Floyd C. Baith
(Signature of an officer or director)

Floyd C. Baith, Pres
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314