## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P05000098150 1. Entity Name **BAYFLASH CORPORATION** Principal Place of Business Mailing Address 1005 6 STREET N SUITE 4 1005 6 STREET N SUITE 4 ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 No Chg-P CR2E034 (11/05) 04172007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0840375 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARKEY, ANDREW D DO NOT WRITE 1005 6 STREET N SUITE 4 ST PETERSBURG, FL 33701 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, D TITLE HARKEY, ANDREW D STREET ADDRESS 1005 6 STREET N SUITE 4 ST PETERSBURG, FL 33701 CITY-ST-7IP U00000725753 05/03/07-80034-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

12. I hereby 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 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

TITLE NAME STREET ADDRESS CJTY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**