

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90041 007 \*\*\*150.00

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<b>DOCUMENT # P05000138571</b> 1. Entity Name <b>BAY PINE INVESTMENTS INC</b>					
Principal Place of Business <del>6704 C PLANTATION ROAD</del> <b>PENSACOLA, FL 32504 US</b>			Mailing Address <b>6704 C PLANTATION ROAD</b> <b>PENSACOLA, FL 32504 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1719 N 9th Ave</b>		3. Mailing Address <b>1719 N 9th Ave</b>			
Suite, Apt. #, etc. <b>N/A</b>		Suite, Apt. #, etc. 			
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>		4. FEI Number <b>20-3610862</b>	
Zip <b>32503</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEEN, PAMELA A</b> <del>1631 KAUAI COURT</del> <b>GULF BREEZE, FL 32563</b>			7. Name and Address of New Registered Agent Name <b>KEEN PAMELA A</b> Street Address (P.O. Box Number is Not Acceptable) <b>19 Highpoint Dr</b> City <b>Gulf Breeze</b> <b>FL</b> Zip Code <b>32561</b>		
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 obligation of registered agent. SIGNATURE <u><i>Pamela A Keen</i></u> DATE <u><i>4/4/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEEN, PAMELA A 1631 KAUAI COURT GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keen, PAMELA A 19 Highpoint Dr. Gulf Breeze, FL 32561
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, HIEN 370 VISTA ROMA WAY #130 SAN JOSE, CA 95136	<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: <u><i>Pamela A Keen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/4/2007</i></u> Daytime Phone # <u><i>850-473-3983</i></u>		