

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000147817	
1. Entity Name BAYHAM CORPORATION	

FILED
07 MAR 12 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414	Mailing Address 11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box # 784 S.W. SARDINIA	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

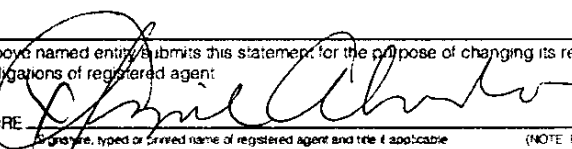
City & State Port St. Lucie FL	City & State
Zip 34953	Country St. Lucie

4. FEI Number 56-2542421	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALVARADO, INGRID 11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

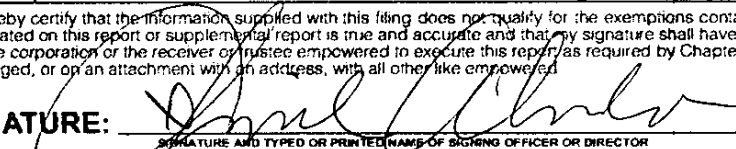
SIGNATURE  DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	800093707528 08/19/07--01002--027 **150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE S	☐ Change ☒ Addition
NAME ALVARADO, INGRID		NAME OLIVIA VARGAS	
STREET ADDRESS 11924 FOREST HILL BLVD # 200		STREET ADDRESS 428 S.W. SARDINIA AVE.	
CITY-ST-ZIP WILLINGTON, FL 33414		CITY-ST-ZIP PORT ST. LUCIE FL 34953	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MONTECELO, YAHIMA		NAME	
STREET ADDRESS 11924 FOREST HILL BLVD # 200		STREET ADDRESS	
CITY-ST-ZIP WILLINGTON, FL 33414		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	

K. Eckel MAR 12 2007

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:  3/9/07 784 956747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #