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	Mailing Address
11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414	11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box # 784 S.W. SARdiniA	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Port St. Lucie FL	City & State
Zip 34953 Country St. Lucie	Zip Country

03092007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2542421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 reinstating) 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
03/19/07--01002--027 **150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARADO, INGRID 11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S olivia VARGAS 628 S.W. SARdiniA Ave. PORT St. Lucie FL 34953 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTECELO, YAHIMA 11924 FOREST HILL BLVD # 200 WILLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 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: ______________________________ 3/9/07 786 945 6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #