2007 FOR PROFIT CORPORATION

changed, or on an attachment with

SIGNATURE:

with all a

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000107638** 04-16-2007 90073 024 ***150.00 1. Entity Name THE B.A.P. COMPANY, INC. 40000020 Principal Place of Business Mailing Address 14286-19 BEACH BOULEVARD 14286-19 BEACH BOULEVARD #309 #309 JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 51-0599065 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURTON A PIERCE III DOYLE, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 14286-19 BEACH BOULEVARD #309 2002 SOUTHSIDE BOULEVARD SUITE 201 JACKSONVILLE, FL 32216 Zip Code 32250 JACKSONVILLE BEACH 8. The above named entity submits this statement for me 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 registers SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition Р ☐ Delete ☐ Change TITLE TITLE PIERCE, BURTON A III NAME NAME 14520 MARSH ISLAND LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □-Change ☐ Delete TITLE TITLE 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

FILED