

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022189

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TAYLOR BAIM INC.

## Current Principal Place of Business:

1140 LEE BLVD  
#104  
LEHIGH ACRES, FL 33936 US

## New Principal Place of Business:

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906 US

## Current Mailing Address:

1140 LEE BLVD  
#104  
LEHIGH ACRES, FL 33936 US

## New Mailing Address:

FEI Number: 20-8473410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

## Name and Address of New Registered Agent:

WICKER, JOHN M  
12670 NEW BRITTANY BOULEVARD  
SUITE 101  
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: TOTTERDALE, BRUCE  
Address: 20685 CASALY DR  
City-St-Zip: ALVA, FL 33920 US

Title: TRES ( ) Delete  
Name: TOTTERDALE, RAELENE  
Address: 20685 CASALY DR  
City-St-Zip: ALVA, FL 33920 US

Title: SECT (X) Delete  
Name: TOTTERDALE, RAELENE  
Address: 1140 LEE BLVD #104  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: DIR (X) Delete  
Name: TOTTERDALE, BRUCE  
Address: 1140 LEE BLVD #104  
City-St-Zip: LEHIGH ACRES, FL 33936 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: TOTTERDALE, BRUCE  
Address: 20685 CASALY DR  
City-St-Zip: ALVA, FL 33920 US

Title: DST (X) Change ( ) Addition  
Name: TOTTERDALE, RAELENE  
Address: 20685 CASALY DR  
City-St-Zip: ALVA, FL 33920 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE TOTTERDALE

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date