

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032814

Entity Name: BAJABUGGYZ INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

7571 FALCON TRACE DR. WEST
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

7571 FALCON TRACE DR. WEST
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 20-8728609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLARD, J. NOEL
7571 FALCON TRACE DR. WEST
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLARD, J. NOEL
Address: 7571 FALCON TRACE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32222

Title: VD () Delete
Name: WILLARD, JEREMY N
Address: 7571 FALCON TRACE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD () Delete
Name: WILLARD, MARIE L
Address: 7571 FALCON TRACE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD () Delete
Name: WILLARD, MICHELE L
Address: 7571 FALCON TRACE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: J. NOEL WILLARD

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date