

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071714

Entity Name: BAE & ASSOCIATES, INC.

FILED  
Mar 13, 2009  
Secretary of State

## Current Principal Place of Business:

1465 W 33RD STREET # 2  
WEST PALM BEACH, FL 33404

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 9338  
WEST PALM BEACH, FL 33419

## New Mailing Address:

FEI Number: 75-3244464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENWOOD, VICKIE B  
4105 HEATH CIR. N  
WEST PALM BEACH, FL 33407 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: P ( ) Delete  
Name: EDWARDS, BRIAN A  
Address: P. O. BOX 9338  
City-St-Zip: WEST PALM BEACH, FL 33419

Title: VP ( ) Delete  
Name: EDWARDS, TENISHA M  
Address: 2747 GRAY FOX LN.  
City-St-Zip: ORLANDO, FL 32826

Title: T ( ) Delete  
Name: EDWARDS, BRIAN A II  
Address: P.O. BOX 661 N  
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete  
Name: BROWN, BARBARA J  
Address: 4105 HEATH CIR. N  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MAL ( ) Delete  
Name: TAYLOR, VELMA J  
Address: 2050 SW CRANBERRY ST.  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COULTON, BRIAN A  
Address: P. O. BOX 9338  
City-St-Zip: WEST PALM BEACH, FL 33419

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, TENISHA M  
Address: 2747 GRAY FOX LN.  
City-St-Zip: ORLANDO, FL 32826

Title: T (X) Change ( ) Addition  
Name: COULTON, BRIAN A II  
Address: P.O. BOX 661 N  
City-St-Zip: BOCA RATON, FL 33431

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: BRIAN COULTON

DIR

03/13/2009

Electronic Signature of Signing Officer or Director

Date