

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09616

FILED
Jan 08, 2007
Secretary of State

Entity Name: BAY STREET CORPORATION

Current Principal Place of Business:

7115 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

7115 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

New Mailing Address:

P.O. BOX 411101
MELBOURNE, FL 32941 US

FEI Number: 13-3013675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G BRIGGS KILBORNE JR
7115 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: PDVS () Delete
Name: KILBORNE, G. BRIGGS
Address: 7115 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPSD () Delete
Name: THIELEMANN, KIM K
Address: 11711 OAK SPINE COURT
City-St-Zip: ELLICOTT CITY, MD 21042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: G. BRIGGS KILBORNE

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date