


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90018 003 ***150.00

DOCUMENT # P12005	
1. Entity Name LARRY BAUER AND ASSOCIATES, INC.	

Principal Place of Business P.O. BOX 1749 DUNDEE FL 33838	Mailing Address P.O. BOX 1749 DUNDEE FL 33838
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2. Principal Place of Business P.O. Box 556	3. Mailing Address P.O. Box 556
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Homeland FL	City & State Homeland FL
Zip 33847	Zip 33847
Country USA	Country USA

4. FEI Number 62-0946074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANCINI, BARBARA J 1660 BLUE HERON LANE LAKELAND FL 33813	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1261 Homeland Garfield Road	
Bartow	
City Bartow	Zip Code FL 33830

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PTD	<input type="checkbox"/> Delete
NAME BAUER, LARRY E.	
STREET ADDRESS 2234 BURN WAY RD	
CITY-ST-ZIP HAINES CITY FL 33838	
TITLE VD	<input type="checkbox"/> Delete
NAME BAUER, ALAN E.	
STREET ADDRESS 7 MCARTHUR BLVD N. 706	
CITY-ST-ZIP WEST MOUNT NJ 08108	
TITLE SD	<input type="checkbox"/> Delete
NAME BAUER, MICHAEL W.	
STREET ADDRESS 195 OAK GROVE DR	
CITY-ST-ZIP BYHALIA MS 38611	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1261 Homeland Garfield Rd	
CITY-ST-ZIP Bartow FL 33830	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **12606 2052523771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #