2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P27529

1. Entity Name

CHRISTIAN BAUER INC.

Principal Place of Business

Mailing Address

1775 W. HIBISCUS BLVD.

CITY-ST-ZIP TITLE NAME STREET ADDRESS 1775 W. HIBISCUS BLVD. **SUITE 102**

SUITE 102 MELBOURNE, FL 32901 US

MELBOURNE, FL 32901 US

FILED Jan 10, 2008 8:00 am **Secretary of State**

01-10-2008 90011 003 ***150.00



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01072008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

13-3417303

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

—6Name and Address of Current Registered Agen

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_							
SIGNATORILL	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	ent signatur	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	TORS	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTT, HELMUT 1775 W. HIBISCUS BLVD., SUITE 102 MELBOURNE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETROFF, SVETLANA V. TWO PARK AVE, 19TH FL NEW YORK, NY						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

Tom Lobach - General Manager SIGNATURE:

01/07/2008 321-951-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR