


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 028 ***150.00

DOCUMENT # P93000022916 1. Entity Name BALDWIN ENTERPRISES, INC.	
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Principal Place of Business 370 W COCA BEACH CSWY COCOA BEACH, FL 32931	Mailing Address 370 W COCA BEACH CSWY COCOA BEACH, FL 32931 <i>see below</i>
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4001031



2. Principal Place of Business - No P.O. Box # 490 RIVERSIDE AVE Suite, Apt. #, etc.	3. Mailing Address P O BOX 542804 Suite, Apt. #, etc.
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03012007 Chg-P CR2E034 (12/06)

City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL
Zip 32953	Zip 32954
Country US	Country US

4. FEI Number 59-3174965	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

BALDWIN, C D
~~370 W COCOA BEACH CSWY~~
~~COCOA BEACH, FL 32931~~

7. Name and Address of New Registered Agent

Name **C D BALDWIN**
 Street Address (P.O. Box Number is Not Acceptable)
490 RIVERSIDE AVE
 City **MERRITT ISLAND** FL Zip Code **32953**

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 Debra Baldwin DATE 4/16/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, C D <input type="checkbox"/> Delete 370 W COCOA BEACH CSWY COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D Baldwin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P O Box 542804 MERRITT ISLAND, FL 32954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: DEBRA BALDWIN DATE 4/16/07 Daytime Phone # 321-720-4173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR