

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069556

Entity Name: BAUHUS INC.

FILED
Feb 19, 2005
Secretary of State

Current Principal Place of Business:

14895 US 129
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 656
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 65-0438263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROM, WOLF
14895 US 128
LIVE OAK, FL 32060 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: SCHROM, WOLFRAM
Address: 14895 US 128
City-St-Zip: LIVE OAK, FL

Title: VP () Delete
Name: TOM, MARKS
Address: 12201 BASS OAK CT
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHROM, WOLFRAM
Address: 14895 US 128
City-St-Zip: LIVE OAK, FL 32060

Title: VP (X) Change () Addition
Name: SCHROM, WOLFRAM
Address: 14895 US 128
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WOLF SCHROM

Electronic Signature of Signing Officer or Director

PRES

02/19/2005

Date