2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# P94000046391

Entity Name: BASS LAKE, INC.

Current Principal Place of Business:

1504 PEREZ ST.
ORLANDO, FL 32825

New Principal Place of Business:

1601 PINE BLUFF AVENUE
ORLANDO, FL 32806

Current Mailing Address:

1504 PEREZ ST.
ORLANDO, FL 32825

New Mailing Address:

1601 PINE BLUFF AVENUE
ORLANDO, FL 32806

FEI Number: 59-3249902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTESON, JIM
1504 PEREZ STREET
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

MATTESON, JIM
1601 PINE BLUFF AVENUE
ORLANDO, FL 32806 US

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: _____ 04/11/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARES, JOSEPH H
Address: 3408 EUBANKS ST.
City-St-Zip: ORLANDO, FL 32806

Title: DV ( ) Delete
Name: ARES, REBECCA A
Address: 3408 EUBANKS ST.
City-St-Zip: ORLANDO, FL 32806

Title: DST ( ) Delete
Name: MATTESON, JIM
Address: 1504 PEREZ ST.
City-St-Zip: ORLANDO, FL 32825

Title: DV ( ) Delete
Name: THOMPSON, BARBARA E
Address: 1504 PEREZ ST.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: MATTESON, JIM
Address: 1601 PINE BLUFF AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: DV (X) Change ( ) Addition
Name: THOMPSON, BARBARA E
Address: 1601 PINE BLUFF AVENUE
City-St-Zip: ORLANDO, FL 32806

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: JIM MATTESON D 04/11/2005
Electronic Signature of Signing Officer or Director — Date