## 2006 FOR PROFIT CORPORATION

## May 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000086918 05-03-2006 90202 018 \*\*\*150.00 1. Entity Name BARON CAPITAL III, INC. Principal Place of Business Mailing Address 4008032a 5312 SPRING HILL DRIVE 5312 SPRING HILL DRIVE SPRING HILL, FL 34606 SPRING HILL, FL 34606 HS 2. Principal Place of Business 109 W. Communcial 3. Mailing Address 09 W. Commexcia Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For ブロハ 59-3285266 Not Applicable Semino/e Zip Zip \$8.75 Additional 5. Certificate of Status Desired 32771 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REGISTERED CORPORATE AGENTS, INC. 612 S. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33756 Smford 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. J. STEPHEN MILLER SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition RYDELL, JEROME \$ NAME 5312 SPRING HILL DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34606 CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

4-25-06

407688 7362 Daytime Phone #

1 2 Mar J. STEPHEN MILLSE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**