


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90202 019 \*\*\*150.00

<b>DOCUMENT # P95000028918</b> 1. Entity Name <b>BARON CAPITAL VII, INC.</b>					
Principal Place of Business <b>5312 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606 US</b>			Mailing Address <b>5312 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606 US</b>		
2. Principal Place of Business <b>109 W. Commercial St</b> Suite, Apt. #, etc.		3. Mailing Address <b>109 W. Commercial St</b> Suite, Apt. #, etc.			
City & State <b>Sanford FL</b>		City & State <b>Sanford, FL</b>		4. FEI Number <b>59-3312983</b>	
Zip <b>32771</b>		Country <b>Seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REGISTERED CORPORATE AGENTS, INC.</b> <b>612 S. MARTIN LUTHER KING JR. AVE.</b> <b>CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent Name <b>Barcap Reality Services Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 W. Commercial Street</b> City <b>Sanford</b>	
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 <u><b>J. Stephen Miller VP</b></u> DATE <u><b>4-25-06</b></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RYDELL, JEROME S 5312 SPRING HILL DRIVE SPRING HILL, FL 34606		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u><b>J. Stephen Miller</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>4-25-06</b></u> Daytime Phone # <u><b>4076887362</b></u>		