2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000028954

1. Entity Name
BAKER & ASSOCIATES INC.

Principal Place of Business	Mailing Address
5970 S.W. 18 STREET SUITE 172, E-1 BOCA RATON, FL 33433	5970 S.W. 18 STREET SUITE 172, E-1 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0572048	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, MELANIE
5970 S.W. 18 STREET
SUITE 172, E-1
BOCA RATON, FL 33433

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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_____

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

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

U000000758032
05/23/07-80095-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	BAKER, MELANIE
STREET ADDRESS	20423 ST. RDT #229
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Melanie A Baker_   4.25.07   5261 5122744
Melanie A Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
unlisted