


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000030614</b> 1. Entity Name BAYTREE FOURSOME, INC.	
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Principal Place of Business 400 HIGH POINT DR SUITE 500 COCOA, FL 32927 US	Mailing Address 400 HIGH POINT DR SUITE 500 COCOA, FL 32927 US
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01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3307902	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JONES, HARRY A  
11 A. MAX BREWER PKWY  
TITUSVILLE, FL 32796

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANI, THOMAS A 400 HIGH POINT DR., #500 COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOFFETT, LAURA M 400 HIGH POINT DR., SUITE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRIA, ROBERT A 400 HIGH POINT DR. SUITE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: T. A. VANI 3/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #