2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000030614

PATRIA, ROBERT A

COCOA, FL 32926

400 HIGH POINT DR. SUITE 500

Name:

Address: City-St-Zip:

Entity Name: BAYTREE FOURSOME, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 HIGH POINT DR SUITE 500 COCOA, FL 32927 **New Mailing Address: Current Mailing Address:** 400 HIGH POINT DR SUITE 500 COCOA, FL 32927 US FEI Number: 59-3307902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, HARRY A JONES, HARRY A 11 A. MAX BREWER PKWY 1901 S. HARBOR CITY BLVD. TITUSVILLE, FL 32796 SUITE 500 MELBOURNE, FL 32901 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: 03/11/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VANI, THOMAS A Name: Name: 400 HIGH POINT DR., #500 Address: Address: City-St-Zip: COCOA, FL City-St-Zip: Title: Title: () Change () Addition () Delete Name: MOFFETT, LAURA M Name: 400 HIGH POINT DR., SUITE 500 Address: Address: COCOA, FL 32926 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: T. A. VANI PRES 03/11/2009