2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P95000090891

Entity Name: BAKER'S MANAGEMENT SERVICES INC.

Current Principal Place of Business:

2410 AVE D
FORT PIERCE, FL 34950 US

New Principal Place of Business:

2410 AVENUE D
FORT PIERCE, FL 34950 US

Current Mailing Address:

P. O. BOX 1746
FT PIERCE, FL 34954 US

New Mailing Address:

2410 AVENUE D
FT PIERCE, FL 34950 US

FEI Number: 65-0626257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIXON, VERNON M. II
2410 AVE D
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

DIXON II, VERNON M
2410 AVENUE D
FORT PIERCE, FL 34950 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: VERNON M. DIXON II 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete
Name: DIXON, VERNON M II
Address: 10930 PINECREEK LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition
Name: DIXON II, VERNON M
Address: 10930 PINECREEK LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: VERNON M. DIXON II PRES 04/28/2005
Electronic Signature of Signing Officer or Director Date