

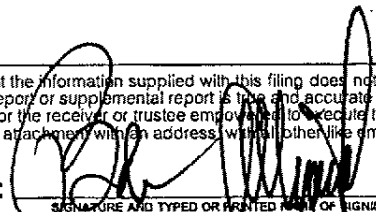


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000096554		
1. Entity Name BA CONSULTING AND DEVELOPMENT, INC.		
Principal Place of Business 645 MAYPORT ROAD SUITE 3A ATLANTIC BEACH, FL 32233		Mailing Address 645 MAYPORT ROAD SUITE 3A ATLANTIC BEACH, FL 32233
DO NOT WRITE IN THIS SPACE		
		 01222007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3363018
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALLIGOOD, BOB 13698 BROMLEY PT DR JACKSONVILLE, FL 32225		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000607994 01/31/07-80058-008 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLIGOOD, BOB 13698 BROMLEY PT. DR. JACKSONVILLE, FL 32225	
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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, without other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Bob Alligood President 1/24/07 904-241-7535 <small>Date Daytime Phone #</small>