2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# P96000004592

Entity Name: BAY AREA MEDICAL ADJUSTORS, INC.

Current Principal Place of Business:

5425 BEAUMONT CENTER BLVD., #916
TAMPA, FL 33634 US

New Principal Place of Business:

5425 BEAUMONT CENTER BLVD
SUITE 916
TAMPA, FL 33634 US

Current Mailing Address:

PO BOX 15699
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 59-3352761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, DARYL W.
5425 BEAUMONT CENTER BLVD., #916
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

CRAWFORD, DARYL W
5425 BEAUMONT CENTER BLVD
SUITE 916
TAMPA, FL 33634 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: DARYL W. CRAWFORD 04/14/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CRAWFORD, DARYL W
Address: 5425 BEAUMONT CENTER BLVD., #916
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CRAWFORD, DARYL W
Address: 5425 BEAUMONT CENTER BLVD STE 916
City-St-Zip: TAMPA, FL 33634 US

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

SIGNATURE: DARYL W. CRAWFORD P 04/14/2006
Electronic Signature of Signing Officer or Director Date