

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069870

Entity Name: BABY OF MINE, INC.

FILED  
May 11, 2005  
Secretary of State

## Current Principal Place of Business:

27180 BAY LANDING DRIVE  
UNIT 2  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

27180 BAY LANDING DRIVE  
UNIT 2  
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3396076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMIDT, TRACY L  
21645 BELHAVEN WAY  
ESTERO, FL 32928 US

## New Principal Place of Business:

6420 PLANTATION PARK COURT  
UNIT 104  
FT. MYERS, FL 33912 US

## New Mailing Address:

6420 PLANTATION PARK COURT  
UNIT 104  
FT. MYERS, FL 33912 US

## Name and Address of New Registered Agent:

SCHMIDT, TRACY L  
20341 CALICE COURT  
#1604  
ESTERO, FL 32928 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: TRACY SCHMIDT

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHMIDT, TRACY L  
Address: 21645 BELHAVEN WAY  
City-St-Zip: ESTERO, FL 33928

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SCHMIDT, TRACY L  
Address: 20341 CALICE COURT #1604  
City-St-Zip: ESTERO, FL 33928

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: TRACY SCHMIDT

OWNE

05/11/2005

Electronic Signature of Signing Officer or Director

Date