

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90043 010 \*\*\*150.00

<b>DOCUMENT # P96000069870</b> 1. Entity Name <b>BABY OF MINE, INC.</b>			
Principal Place of Business <b>6420 PLANTATION PARK COURT UNIT 104 FT. MYERS, FL 33912 US</b>		Mailing Address <b>6420 PLANTATION PARK COURT UNIT 104 FT. MYERS, FL 33912 US</b>	
2. Principal Place of Business - No P.O. Box # <b>Tracy L Syanovitz Suite, Apt. #, etc. 9322 La Bianco St</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.	
City & State <b>Fort Myers, FL</b>		City & State City & State	
Zip <b>33967</b>		Country <b>US</b>	
4. FEI Number <b>59-3396076</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SCHMIDT, TRACY L 20408 ARDORE LN ESTERO, FL 33928</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Tracy L Syanovitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>9322 La Bianco St</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33967</b>	
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 <u><i>Tracy L Syanovitz</i></u> <span style="float: right;">4-02-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHMIDT, TRACY L</b> <b>20408 ARDORE LN</b> <b>ESTERO, FL 33928</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Syanovitz, Tracy L</b> <b>9322 La Bianco St</b> <b>Fort Myers, FL 33967</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.			
<b>SIGNATURE:</b> <u><i>Tracy L Syanovitz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-02-07 239-287-5651 <small>Date Daytime Phone #</small>	