2004 FOR PROFIT CORPORATION

Jan 29, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P97000041013 THE GERMAN BAKER BCY INC. Principal Place of Business Mailing Address 595 A COREY AVE 595 A COREY AVE ST. PETERSBURG BEACH, FL 33703 ST. PETERSBURG BEACH, FL 33706 01122004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3450159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RADDANT, MARINA DO NOT WRITE 595 A COREY AVENUE ST. PETERSBURG BEACH, I'L 33706 IN THIS SPACE 3. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000019861 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDST TITLE RADDANT, DETLEF NAME 595 A COREY AVE STREET ADDRESS CITY-51-ZIP ST. PETERSBURG BEACH, FL 33706 TITLE RADDANT, MARINA NAME STREET ADORESS 595 A COREY AVE CITY-ST-ZIP ST. PETERSBURG BEACH, FL 33706 BRE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TETLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplier ental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 office incovered,

SIGNATURE:

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATUR : AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED