2008 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # P98000046694** 1. Entity Name BAXTER ENTERPRISES, INC. Principal Place of Business Mailing Address **4609 WESCONNETT BOULEVARD 4609 WESCONNETT BOULEVARD** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3511555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BAXTER. CURTIS** DO NOT WRITE 4609 WESCONNETT BOULEVARD JACKSONVILLE, FL 32210 IN THIS SPACE 6. 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 acent. 4-7-08 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BAXTER, CURTIS NAME 4609 WESCONNETT BOULEVARD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 U0000008891**4**9 TITLE 04/22/08-80041-022 150.00 NAME STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

STREET ADDRESS

Daytime Phone #