2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P98000084009 1. Entity Name BAYWASH, INC. Principal Place of Business Mailing Address 7028 W WATERS AVE, #134 7028 W WATERS AVE, #134 **TAMPA FL 33634 TAMPA FL 33634** Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3541708 Not Applied Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWARTZ, SCOTT Street Address (P.O. Box Number is Not Acceptable) 7028 W WATERS AVE, #134 TAMPA FL 33634 Zip Code City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Regislered Agent signature required when remaining) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Andrea ☐ Delete TOTAL RILE SWARTZ, SCOTT T NAME NAME STREET ADDRESS STREET ADDRESS 7028 W WATERS AVE, #134 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** Change □ Address TITLE Delete TITLE NAME MANE U000000550560 STREET ADDRESS SUBFEU ADDRESS 05/13/06-80065-015 150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DD F ☐ Delete J331 F MAME MARKE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Admit ☐ Chance ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP Change A.A.::: 71713 ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete [] Change Add::: TITLE TALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Franda 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/4/06 813.818.823

FILED