2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012165

Entity Name: BAY AREA REAL PROPERTY INC.

440 SOUTH 78TH STREET

TAMPA, FL 33619

Address: City-St-Zip: FILED Mar 08, 2005 Secretary of State

y rea		EXTREME TROP ERTT, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
440 S 78T TAMPA, F					
Current Mailing Address:			New Mailing Address:		
P.O BOX 3 TAMPA, F					
FEI Number	: 59-3570637	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
440 S 78T TAMPA, F The above	L 33619 U		urpose of changing its registered	l office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (TURNER, JAM 440 SOUTH 78 TAMPA, FL 33	BTH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (TURNER, NAN 440 SOUTH 78 TAMPA, FL 33	BTH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST (MACINNES, M) Delete ICHAEL M	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL M. MACINNES ST 03/08/2005