2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 08:00 AM Secretary of State DOCUMENT # P99000093037 THE BAIT MAN. INC. Principal Place of Business Mailing Address 19161 SE BARUS DR 19161 SE BARUS DR TEQUESTA, FL 33469 TEQUESTA, FL 33469 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0981818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIGG, T. GREG DO NOT WRITE 19161 SE BARUS DR TEQUESTA, FL 33469 IN THIS SPACE 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_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE U00000180354 RIGG, T. GREG NAME 01/14/05-80029-007 158.75 STREET ADDRESS 19161 SE BARUS DR CITY-ST-ZIP TEQUESTA, FL 33469 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 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.

NAMÉ STREET ADDRESS CITY-ST-ZIP

SIGNATURE: