2006 FOR PROFIT CORPORATION ANNUAL REPORT

TOLL NAME STREET ADDRESS CHTY-ST-ZIP

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # V24266 1. Entity Name N. W. BAYES, INC. Mailing Address Principal Place of Business 248 CLEMENS CT 248 CLEMENS CT ORLANDO, FL 32828 ORLANDO, FL 32828 04102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3098921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAYES, NORMAN W. III DO NOT WRITE 248 CLEMENS CT ORLANDO, FL 32828 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS hlif BAYES, NORMAN W. III NAME U00000538137 STREET ADDRESS 248 CLEMENS CT 05/09/06-80045-020 150.00 CITY - ST-ZIP ORLANDO, FL 32828 TITLE STREET ADDRESS CITY-S1-ZIP DIRLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-2/P

FILED

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

Irmanw. Ga SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #