


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90047 022 ***150.00

DOCUMENT # F04000006420					
1. Entity Name BASILE BAUMANN PROST & ASSOCIATES, INC.					
Principal Place of Business 177 DEFENSE HIGHWAY, SUITE 10 ANNAPOLIS, MD 21401		Mailing Address 177 DEFENSE HIGHWAY, SUITE 10 ANNAPOLIS, MD 21401			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1670718	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, PAULA 204 37TH AVE NORTH, SUITE 354 ST. PETERSBURG, FL 33704			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Paula Graham</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROST, JIM	NAME			
STREET ADDRESS	1107 BOUCHER AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ANNAPOLIS, MD 21403	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete XX	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAUMANN, WIL Cole, Tom	NAME	Cole, Roger Thomas		
STREET ADDRESS	228 LEITCH ROAD	STREET ADDRESS	976 Placid Court		
CITY-ST-ZIP	FRAGO'S LANDING, MD 20770	CITY-ST-ZIP	Arnold, MD 21012		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASILE, RALPH	NAME			
STREET ADDRESS	412 NARROWS POINTE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	GRASONVILLE, MD 21638	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <u>Ralph J Basile</u>		Date: <u>7/25/07</u>		Daytime Phone #: <u>410 266 7800</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	