


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000042099
 1. Entity Name
 BAYMEAD ACQUISITIONS MANAGER, INC.



Principal Place of Business Mailing Address
 326 THIRD STREET 326 THIRD STREET
 LAKEWOOD, NJ 08701 LAKEWOOD, NJ 08701

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 22-3798728 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 FREELAND, ROBERT C
 4521 ATLANTIC BLVD.
 JACKSONVILLE, FL 32207

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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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 \$100.00 \$500.00 \$1000.00

U00000027584
 02/03/04-80052-008 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LICHTENSTEIN, DAVID 326 THIRD ST. LAKEWOOD, NJ 08701 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  David Lichtenstein 1/27/04 732-367-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #