


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 A
Secretary of State

DOCUMENT # P01000042099 1. Entity Name BAYMEAD ACQUISITIONS MANAGER, INC.	
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Principal Place of Business 326 THIRD STREET ATTN LYNETTE HAMDI LAKEWOOD, NJ 08701	Mailing Address 326 THIRD STREET ATTN LYNETTE HAMDI LAKEWOOD, NJ 08701
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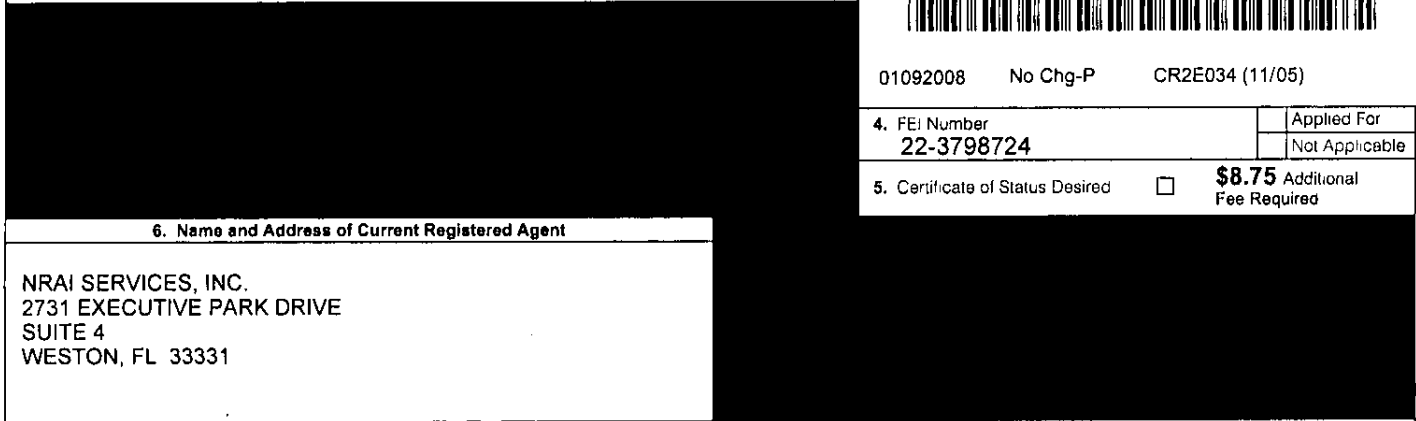
U00000825290
02/21/08-80003-010 577.50



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3798724	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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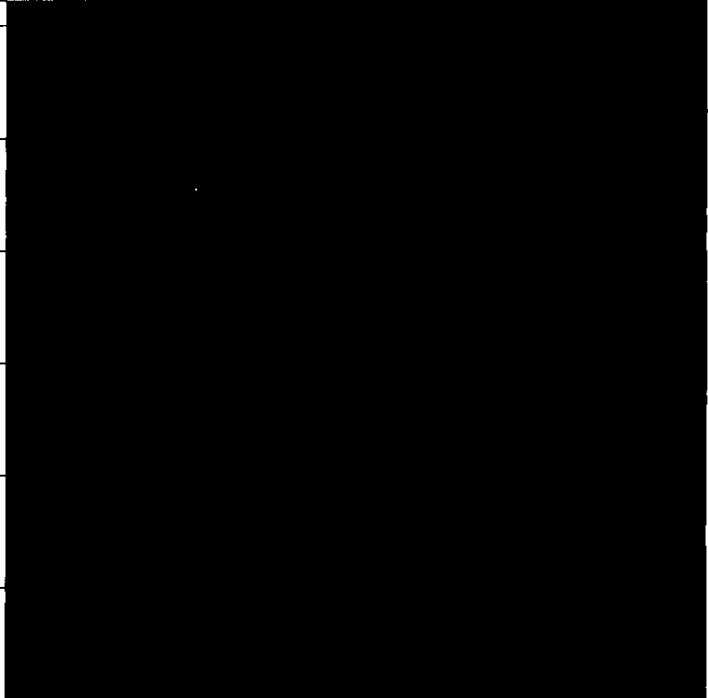
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

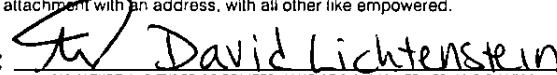
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICHTENSTEIN, DAVID 326 THIRD ST. LAKEWOOD, NJ 08701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-9-08 732-367-0129 x138 Date Daytime Phone #
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