2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # P02000076057 1. Entity Name BALD, INC.						03-20-2006	5 90014 (009 ***150	.00
Principal Place of Business		Mailing Address							
717 E OAK STREET		717 E. OAK STREET				20017968			
KISSIMMEE, FL 34744 US		KISSIMMEE, FL 34744 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182006	Chg-P	CR2E	034 (11/05)	
City & State		City & State			4. FEI Numbe 01-073:		Applied For Not Applicable		
Zip	Country	Country Zip Cou				of Status Desired		\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Fee Required) - -
				Name					
SWART, HARRY J 717 E. OAK STREET			5	Street Address (P.O. Box Number is Not Acceptable)					
KISSIMME	E, FL 34744		-					· •	
		,	 	City				Zip Code	
A =			City Zip Code ad office or registered agent, or both, in the State of Florida. Lam familiar with, and accept						
	named entity submits this statement to ions of registered agent.	r the purpose of changing its r	registerea (onice or regi	istered agent, or bot	in, in the State of I	Florida. I an	n familiar with,	and accept
SIGNATURE_									
SIGNATORICE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Ag	gent signature rec	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Camp Trust Fund Cor				ng 🗆 .	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS -	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11
TITLE	DPT Delete III		TITLE					XXChange	Addition
NAME	RUBIN, STEVEN	· · · · · · · · · · · · · · · · · · ·		3	350 I Hon	oaniilani	Road	#215_12	יח
STREET ADDRESS CITY-ST-ZIP			STREET A		3350 L. Honoapiilanı Road #215-120 Lahaina, HI 96761			.0	
TITLE	Delete TITI		TITLE		<u>,</u>	70.01		XXChange	Addition
NAME	KRANTZ, BRENDA		NAME		250 1 11				_
STREET ADDRESS CITY-ST-ZIP	50 PUU ANOANO ST., #507		STREET A		350 L. Hon		L Koad	#215-12	:0
TITLE	LAHAINA, HI 96761	☐ Delete	TITLE	- ZIF L	ahaina, HI	90/01		Change	Addition
NAME		L) Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET A	L L					
CITY-ST-ZIP			CITY-ST-	-ZIP				· <u> </u>	
TITLE NAME		☐ Delete	TITLE NAME	İ				Change	☐ Addition
STREET ADDRESS			STREET A	ADDRESS :					
CITY-ST-ZIP			CITY-ST-	- ZIP					
IIITE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET A	nnpece					
CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE					Change	Addition
NAME		3000	NAME						
STREET ADDRESS			STREET A						
CITY-ST-ZIP			CITY-ST-	- 2114					

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 an address, with all other like empowered.

changed, or on an attachmost suffran address, with all other like empowered.

SIGNATURE: Signature and typed or printed Name of Signing Officer or Director

Date

Date

Date

Date

Description

Descri