


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 050 ***150.00

DOCUMENT # P05000035928

1. Entity Name
BAILEY REAL ESTATE GROUP, INC.




Principal Place of Business Mailing Address
17646 75 PLACE NORTH **17646 75 PLACE NORTH**
LOXAHATCHEE, FL 33470 **LOXAHATCHEE, FL 33470**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
199 OAK CREEK WAY **199 OAK CREEK WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAWSONVILLE, GA. **DAWSONVILLE, GA.**

Zip Country Zip Country
30534 **Dawson** **30534** **Dawson**



03262007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
42-1662184 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAILEY, STUART
17646 75 PLACE NORTH
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **Dawsonville** **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 *Stuart A. Bailey* DATE *4-2-07*
Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, STUART 17646 75 PLACE NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, NICHOLE 17646 75 PLACE NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TODD, DONALD 357 LIANA DR. WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Stuart A. Bailey* Date *4-2-07* Daytime Phone # *706-924-4766*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR