2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 04, 2004 8:00 am **Secretary of State DOCUMENT # 484713** 1. Entity Name 02-04-2004 90089 020 ***150.00 BIMECO, INC... Principal Place of Business Mailing Address 4742 AVIATION PKWY 3700 E. COLUMBIA ST., STE. 100 24007081 SUITE C ATLANTA GA 30349 TUCSON AZ 85714 2. Principal Place of Business 3. Mailing Address 175 Handley Rd., Ste. 300 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 59-1640852 Tyrone Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DTS TITLE ☐ Delete TITLE ☐ Change Addition NAME MCMEANS, SHAUN NAME 3700 E. COLUMBIA ST., STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUCSON AZ 85714 CITY-ST-ZIP PP Joe Potenza 3700 E. Columbia St., Ste. 100 TUCSON, AZ 85714 □ Change DΡ TITLE Delete TITLE Addition WALKER, BRADFORD C NAME STREET ADDRESS 3700 E. COLUMBIA ST., STE, 100 STREET ADDRESS CITY-ST-ZIP TUCSON AZ 85714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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 exemption stated in Section 119.07(3)(i), 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 accuracy. Attributes the empowered.

FILED