2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 661350

Entity Name: BFC FINANCIAL CORPORATION

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:					
	PRESS CREE DERDALE, FL		JS							
Current Mailing Address:					New Mailing Address:					
P. O. BOX 5 FT. LAUDE	5403 RDALE, FL 33	33105403 L	JS							
FEI Number:	59-2022148	FEI Number	Applied For ()	FEI Numi	ber Not Appli	cable ()	Certificat	te of Status D	esired ()	
Name and Address of Current Registered Agent: Na						Name and Address of New Registered Agent:				
LEVAN, ALAN B. 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 US										
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.										
SIGNATUR	E:									
	Electroni	c Signature	of Registered Agen	t			[Date		
Election Cam	paign Financing	Trust Fund C	ontribution ().							
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () LEVAN, ALAN B. 2100 W CYPRE- FORT LAUDERE	SS CREEK RI		1	Title: Name: Address: City-St-Zip:	(() Change() Addition		
Title: Name: Address: City-St-Zip:	D () PERTNOY, EAR 2100 W CYPRE FORT LAUDERE	SS CREEK RI		1	Title: Name: Address: City-St-Zip:	(()Change() Addition		
Title: Name: Address: City-St-Zip:	VTS () GILBERT, GLEN 2100 W CYPRE FORT LAUDERE	SS CREEK RI		1	Title: Name: Address: City-St-Zip:	O GEORGE P. 2100 W CYP	RESS CREE	K RD		
Title: Name: Address: City-St-Zip:	D () ABDO, JOHN, E, 2100 W CYPRE FORT LAUDERE	SS CREEK RI		1	Title: Name: Address: City-St-Zip:	(() Change() Addition		
Title: Name: Address: City-St-Zip:	D () HOLZMANN, OS 2100 W CYPRE FORT LAUDERD	SS CREEK RI		1	Title: Name: Address: City-St-Zip:	(() Change() Addition		
Title: Name: Address: City-St-Zip:	D () STERLING, NEIL 2100 W CYPRE FORT LAUDERE	SS CREEK RI		1	Title: Name: Address: City-St-Zip:	(()Change() Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE P. SCANLON O 04/25/2007