2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90378 009 ***150.00

60024418

03302006 Chg-P CR2E034 (11/05)

DOCUMENT # H93005

1. Entity Name
BARGAIN FINDER MAGAZINE, INC.

Principal Place of Business	Mailing Address
~~13825 US 19 SUITE 301 HUDSON, FL 34667~~ US	P. O. BOX 5593 HUDSON, FL 34674-5593 US

2. Principal Place of Business	3. Mailing Address
15215 US HWY 19	P.O. BOX 5593
Suite, Apt. #, etc.: STE B	Suite, Apt. #, etc.:
City & State: HUDSON FL	City & State: HUDSON FL
Zip: 34667 Country: PASCO	Zip: 34674-5593 Country: PASCO

4. FEI Number: 59-2645436 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ERIC BRANCH
13825 U.S. 19, STE.301
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 Eric A Branch 3/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BRANCH, ERIC		NAME	
STREET ADDRESS	13825 U.S. 19, STE. 301		STREET ADDRESS	15215 US HWY 19 STE B
CITY-ST-ZIP	HUDSON, FL		CITY-ST-ZIP	HUDSON FL 34667
TITLE	SD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BRANCH, CARON A.		NAME	
STREET ADDRESS	13825 U.S. 19, STE.301		STREET ADDRESS	15215 US HWY 19 STE B
CITY-ST-ZIP	HUDSON, FL		CITY-ST-ZIP	HUDSON FL 34667
TITLE		☐ Delete	TITLE	☐ 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	
TITLE		☐ Delete	TITLE	☐ 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 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: Eric A Branch 3/31/06 727-862-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #