2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90208 016 ***150.00 DOCUMENT # K11166 BMD MANAGEMENT COMPANY, INC. գրրութ-Principal Place of Business Mailing Address 50 E SAMPLE ROAD, #400 50 E SAMPLE ROAD, #400 POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 04122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0024631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent FLORESCUE, BARRY DO NOT WRITE 50 E SAMPLE ROAD, #400 POMPANO BEACH, FL 33064 IN THIS SPACE 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 when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE FLORESCUE, BARRY STREET ADDRESS 50 E SAMPLE ROAD, #400 CITY-ST-ZIP POMPANO BEACH, FL 33064 VSD SCHEER, DANA NAME 50 E SAMPLE ROAD, #400 STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 engowered 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.

Date

Daytime Phone #

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED