2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000017961

BGAN GROUP, INC.

05-04-2006 90208 008 ***150.00

May 04, 2006 8:00 am Secretary of State

FILED

Principal Place of Business

1001 S DALE MABRY HWY TAMPA, FL 33629

Mailing Address

1001 S DALE MABRY HWY TAMPA, FL 33629



05012006

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-1976336 Applied Fo Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CAPORICE, NELSON % ALBANO & ASSOCIATES 1506 E MARTIN L KING BLVD

TAMPA, FL 33610

DO	NOT	WRITE
IN .	THIS	SPACE

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed reality of registered agent and title if applicable. (NOTE: Registered Agent eignature regular and forestoring.) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	CTORS			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BISSRAT, BISRVIT 18912 FISHERMAN BEACH DR LUTZ, FL 33558			٠			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KIDANK, GETANSHEW 1819 FISHERMAN BEACH DR LUTZ, FL 33558						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-SI-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 direct 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 changed, or on an attachment with an address, with all other like empowered.

5-1-06