


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90254 017 \*\*\*150.00

**DOCUMENT # P05000071812**

1. Entity Name  
 B.D.M. SERVICES INC.



Principal Place of Business      Mailing Address

~~10849 FOREST RUN DRIVE~~      ~~10849 FOREST RUN DRIVE~~  
~~BRADENTON, FL 34211 US~~      ~~BRADENTON, FL 34211 US~~

**50018878**



2. Principal Place of Business      3. Mailing Address

*343 South Goodman Rd.*      *343 S. Goodman Rd.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04242006      Chg-P      CR2E034 (11/05)

City & State      City & State

*Kissimmee, FL*      *Kissimmee, FL*  
 Zip      Country      Zip      Country  
*34747*      *U.S.*      *34747*      *U.S.*

4. FEI Number      Applied For

*20-3412408*      Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN PIONEERS ADVISORY INC.  
 10849 FOREST RUN DRIVE  
 BRADENTON, FL 34211

7. Name and Address of New Registered Agent

Name      *Brian D. Malcolm*  
 Street Address (P.O. Box Number is Not Acceptable)  
*343 South Goodman Rd.*  
 City      *Kissimmee*      FL      Zip Code      *34747*

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: *B. Malcolm*      *B. MALCOLM*      DATE: *4/24/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE	P <input type="checkbox"/> Delete
NAME	MALCOLM, BRIAN D
STREET ADDRESS	10849 FOREST RUN DRIVE <i>343 South Goodman Rd</i>
CITY - ST - ZIP	BRADENTON, FL 34211 <i>Kissimmee FL 34747</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *B. Malcolm*      *B. MALCOLM*      *4/24/06*      *407-396-2936*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone \*