## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P01000005929 1. Entity Name BGG, INC. Principal Place of Business Mailing Address 903 ROYAL OAKS DR. 903 ROYAL OAKS DR. APOPKA, FL 32703 APOPKA, FL 32703 No Chg-P CR2E034 (11/05) 04102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3690475 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROWLEY, WILLIAM DO NOT WRITE 903 ROYAL OAKS DR. APOPKA, FL 32703 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) 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 U00000704574 04/23/07-80016-017. 15 10. OFFICERS AND DIRECTORS TITLE NAME ROWLEY, WILLIAM STREET ADDRESS 903 ROYAL OAKS DR. CATY+ST-ZIP APOPKA, FL 32703 TITLE 04/23/07-80016-017-150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS Superior of the CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR