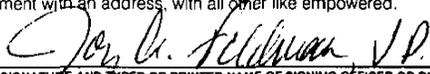


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90027 024 \*\*\*158.75

<b>DOCUMENT # F00000004506</b>							
1. Entity Name BBC HEALTHCARE ENTERPRISES, INC.							
Principal Place of Business 300 GLEED AVENUE EAST AURORA, NY 14502			Mailing Address 300 GLEED AVENUE EAST AURORA, NY 14502				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>16-1442777</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CHUR, BARBARA B	NAME					
STREET ADDRESS	166 DAVIS ROAD	STREET ADDRESS					
CITY-ST-ZIP	EAST AURORA, NY 14052	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FELDMAN, JOY A	NAME					
STREET ADDRESS	167 RUSKIN ROAD	STREET ADDRESS					
CITY-ST-ZIP	AMHERST, NY 14226	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRYLINSKI, PAULETT K	NAME					
STREET ADDRESS	416 SOUTH STREET	STREET ADDRESS					
CITY-ST-ZIP	EAST AURORA, NY 14052	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TEHAN, ELISABETH C	NAME					
STREET ADDRESS	6 WOODCREST DRIVE	STREET ADDRESS					
CITY-ST-ZIP	ORCHARD PARK, NY 14127	CITY-ST-ZIP					
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DENZ, DONALD T	NAME					
STREET ADDRESS	7757 CENTER ROAD	STREET ADDRESS					
CITY-ST-ZIP	WEST FALLS, NY 14170	CITY-ST-ZIP					
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COLWELL, KENNETH W	NAME					
STREET ADDRESS	104 LEICESTER	STREET ADDRESS					
CITY-ST-ZIP	KENMORE, NY 14217	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: 		1/30/06		716-652-2820			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

**Joy A. Feldman, Vice President**