

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90073 012 \*\*\*150.00

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03102005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F03000002617</b> 1. Entity Name BCP INTERNATIONAL LIMITED CORP.					
Principal Place of Business 1800 NORTH BEAUREGARD STREET, STE. 350 ALEXANDRIA, VA 22311-1708			Mailing Address 1800 NORTH BEAUREGARD STREET, STE. 350 ALEXANDRIA, VA 22311-1708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-1899184</b>	
Zip		Country		5. Certificate of Status Desired <input 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		
ROSE, GREG 6300 TANGLEWOOD DRIVE, NE ST. PETERSBURG, FL 33702			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</b> <b>After May 1, 2005 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	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, JAMES L		NAME		
STREET ADDRESS	1800 NORTH BEAUREGARD ST., STE 350		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 223111708		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REA, CARL A		NAME		
STREET ADDRESS	1800 NORTH BEAUREGARD STREET, STE. 350		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 223111708		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FESS, KENNETH E		NAME		
STREET ADDRESS	1800 NORTH BEAUREGARD STREET, STE. 350		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 223111708		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARGETT, MICHAEL		NAME		
STREET ADDRESS	1800 NORTH BEAUREGARD STREET, STE. 350		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 223111708		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>CARL A. REA, CEO</b> <b>20 March 2005 (703) 575-7300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					