






# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90063 032 \*\*\*550.00

<b>DOCUMENT # F94000005191</b> 1. Entity Name <b>BMW INVESTMENTS, INC.</b>							
Principal Place of Business <b>101 CAHABA VALLEY PKWY PELHAM, AL 35214</b>			Mailing Address <b>P. O. BOX 1269 PELHAM, AL 35124 US</b>				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  08042008    Chg-P    CR2E034 (12/06)			
City & State		City & State					
Zip      Country		Zip      Country					
4. FEI Number <b>63-1076645</b>		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				  08042008    Chg-P    CR2E034 (12/06)			
<b>6. Name and Address of Current Registered Agent</b>  <b>GLASS, FRANK 198 COMMERCIAL PKWY SANTA ROSA BEACH, FL 32459</b>						<b>7. Name and Address of New Registered Agent</b> Name <b>PETER F. KERN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1272 SCENIC GULF DR. # 1202</b> City <b>DESTIN, FL</b> Zip Code <b>32550</b>	
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.						  08042008    Chg-P    CR2E034 (12/06)	
SIGNATURE: <u>Peter F. Kern</u> PETER F. KERN 8/4/08 <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 \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		  08042008    Chg-P    CR2E034 (12/06)			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCD KERN, PETER F 101 CAHABA VALLEY PKWY PELHAM, AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECD WEBB, FRANKLIN P JR 101 CAHABA VALLEY PKWY PELHAM, AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECD LOVE, WILLIAM C 101 CAHABA VALLEY PKWY W PELHAM, AL 35124</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 title empowered.							
<b>SIGNATURE:</b> <u>Peter F. Kern</u> PETER F. KERN 8/4/08      205-239-8730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>							