

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001581

FILED
Feb 12, 2007
Secretary of State

Entity Name: BH MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

400 LOCUST STREET
SUITE 790
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET
SUITE 790
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-1408338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, DAVID
6990 NW 86TH ST
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

SKINNER, DAVID
8800 NW 78TH COURT
TAMARAC, FL 33321 US

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.

SIGNATURE:

02/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGR () Delete
Name: BOOKEY, HARRY
Address: 400 LOCUST ST, SUITE 790
City-St-Zip: DES MOINES, IA 50309

Title: P () Delete
Name: ROACH, STEVE
Address: 2626 HOWELL STREET, SUITE 865
City-St-Zip: DALLAS, TX 75204

Title: VP () Delete
Name: ROBY, NICHOLAS H
Address: 400 LOCUST STREET, SUITE 790
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS H. ROBY

V.P.

02/12/2007

Electronic Signature of Signing Officer or Director

Date