2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006771

Entity Name: BHS SERVICES, INC.

FILED May 19, 2006 Secretary of State

301 A ST IDAHO FALLS, ID 83402				New Principal Place of Business: New Mailing Address:	
PO BOX 51038 IDAHO FALLS, ID 83405					
FEI Number: 84-1438523 FEI Number Applied For () FEI Num			nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:					
	Electronic	Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MILLER, DAVID A 301 A ST IDAHO FALLS, ID	0 83402 US Delete E 2	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition MILLER, DAVID A 301 A ST IDAHO FALLS, ID 83402 US VP (X) Change () Addition GAINES, DAVID E 149A MAIN STREET TIDIOUTE, PA 16351	
Title: Name: Address: City-St-Zip: Title: Name:	HOLTZ, ANNÈ H 3131 E ALAMEDA DENVER, CO 80		Title: Name: Address: City-St-Zip: Title: Name:	SEC (X) Change () Addition MILLER, SUSAN C 301 A STREET IDAHO FALLS, ID 834023618 () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HOLTZ, ROBERT 2501 NEUDORF CLEMMONS, NC	Delete RD	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition MILLER, DAVID A 301 A STREET IDAHO FALLS, ID 834023618 DIR () Change (X) Addition MILLER, DAVID A 301 A STREET IDAHO FALLS, ID 834023618	

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: DAVID A MILLER PRES 05/19/2006