05/21/2003 15:49 5618201682 GULFSTREAM

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Jun 05, 2003 8:00 am
Secretary of State
04-30-2003 90116 012 ***150.00

55046704

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94973

1. Entity Name
ELWILL BHP CORP.

Principal Place of Business	Mailing Address
318 MONROE DRIVE	319 MONROE DRIVE
WEST PALM BEACH FL 33405	WEST PALM BEACH FL 33405
US	US

☐ CHECK HERE IF MAKING CHANGES

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 22-2665416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VEGOSEN, DEAN C/O BOOSE CASEY, 515 NORTH FLAGLER DR SUITE 19 WEST PALM BEACH FL 33401	Name: Abraham M. MORA Street Address (P.O. Box Number is Not Acceptable): 777 S. Flagler Dr. West Tower, Suite 900 City: West Palm Beach FL Zip Code: 33401

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: Abraham M. Mora (Signature required if name of registered agent is changed) (NOTE: Registered agent signature required when reinstating) DATE: 6/3/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SLATER, TIM 319 MONROE DRIVE WEST PALM BEACH FL 33405 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VEGOSEZ, DEAN C/O BOOSE CASEY, 515 NORTH FLAGER DR #19 WEST PALM BEACH FL 33601 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TIM SLATER VP 319 MONROE DRIVE WEST PALM BEACH FL-33405- ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STUMP, MITCHELL 26 PRINCEWOOD LN PALM BCH GARDENS FL 33410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 changes or an attachment with an address, but otherwise left blank.

SIGNATURE: SIGN TIM SLATER 561820021 Pres. 6/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #