
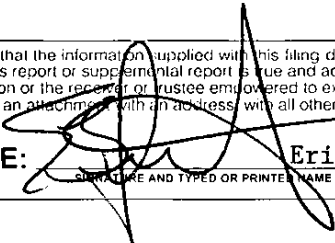


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90050 004 ***158.75

DOCUMENT # J23351					
1. Entity Name BGA, INC.					
Principal Place of Business 3101 WEST MARTIN LUTHER KING JR. BLVD. SUITE 110 TAMPA, FL 33607 US			Mailing Address 3101 WEST MARTIN LUTHER KING JR. BLVD. SUITE 110 TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2744498	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, MICHAEL W		NAME		
STREET ADDRESS	3101 WEST MLK JR BLVD SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, SUNIL A		NAME		
STREET ADDRESS	3101 WEST MLK JR BLVD SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, ERIC B		NAME		
STREET ADDRESS	3101 WEST MLK JR BLVD SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lopez, Jorge J.	
STREET ADDRESS			STREET ADDRESS	701 Westchester Avenue, Ste. 300	
CITY-ST-ZIP			CITY-ST-ZIP	White Plains, NY 10604	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mapelli, Paul F.	
STREET ADDRESS			STREET ADDRESS	701 Westchester Avenue, Ste. 300	
CITY-ST-ZIP			CITY-ST-ZIP	White Plains, NY 10604	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Glucksman, Mark	
STREET ADDRESS			STREET ADDRESS	701 Westchester Avenue, Ste. 300	
CITY-ST-ZIP			CITY-ST-ZIP	White Plains, NY 10604	
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 like empowered.					
SIGNATURE: 		Eric B. Lawton, Vice President		1-7-08 813-375-3361	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAY/TIME PHONE #</small>	