2006 FOR PROFIT CORPORATION

FILED Jan 12, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # J36115** 1. Entity Name BSGENTERPRISES, INC. Principal Place of Business Mailing Address 6826 S TAMIAMI TRAIL 6826 S TAMIAMI TRAIL SARASOTA, FL 34231 SARASOTA, FL 34231 CR2E034 (11/05) 01092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2723823 Not Applicat. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUDELSKY, JOHN 425 MEADOW LARK DRIVE SARASOTA, FL 34236 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BERGER, ALBERT MAME 7516 WEEPING WILLOW BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 3133 F NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports free and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted explosivered 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 applicables, with all other life empowered.

NAME STREET ADDRESS CITY+ST-7/9

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR