2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# J36115

Entity Name: B S G ENTERPRISES, INC.

Current Principal Place of Business:

C/O PERCONTEE, INC.
11900 TECH RD
SILVER SPRING, MD 20904

New Principal Place of Business:

Current Mailing Address:

C/O PERCONTEE, INC.
11900 TECH RD
SILVER SPRING, MD 20904

New Mailing Address:

FEI Number: 59-2723823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUDELSKY, JOHN
425 MEADOW LARK DRIVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GUDELSKY, JOHN
Address: 425 MEADOW LARK DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: GUDELSKY, MEDDA
Address: 11900 TECH ROAD
City-St-Zip: SILVER SPRING, MD 20904

Title: S ( ) Delete
Name: GENN, JONATHAN
Address: 11900 TECH RD
City-St-Zip: SILVER SPRING, MD 20904

Title: T ( ) Delete
Name: YEDLIN, SAMUEL
Address: 11900 TECH ROAD
City-St-Zip: SILVER SPRING, MD 20904

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN GUDELSKY PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date