


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K49586 1. Entity Name BSL ASSOCIATES, INC.	
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Principal Place of Business 1235 WINDING OAK CIR VERO BEACH, FL 32963	Mailing Address 1235 WINDING OAK CIR VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0090056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRION, JACQUES 1235 WINDING OAKS CIRCLE E VERO BEACH, FL 32963
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**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAERLOCHER, ROLF AVE. DU LIGNON 41 1219 GENEVA, SWIT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTER, HANS ULRICH AVE. DU LIGNON 41 1219 GENEVA, SWIT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRION, JACQUES 1235 WINDING OAK CIR VERO BEACH, FL 32963
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/12/06-80031-015 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/20/06	Daytime Phone # _____
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