


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K63494</b>	
1. Entity Name <b>BMI DEVELOPMENT, INC.</b>	

Principal Place of Business <b>C/O STEPHEN R. MCINERNEY, II 6637 NW 112TH AVE PARKLAND, FL 33076 US</b>	Mailing Address <b>C/O WILLIAM SCHEU 6825 TRADE WIND WAY LANTANA, FL 33462 US</b>
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02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0098835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WILKES, JOHN P 901 S FEDERAL HWY STE 101A FORT LAUDERDALE, FL 33316</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-filing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>11000000426404</b> <b>02/29/06 00043 001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP SCHEU, WILLIAM 6825 TRADE WIND WAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS MCINERNEY, STEPHEN R II 6637 N.W. 112TH AVENUE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT MAGER, JOSEF 981 N.E. 27TH AVENUE POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:** William Scheu WILLIAM SCHEU 2/6/06 (561) 512-4701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #