


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L89786 1. Entity Name BGM MINING, INC.	
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Principal Place of Business 801 N. MAGNOLIA AVENUE SUITE 401 ORLANDO, FL 32803	Mailing Address 801 N. MAGNOLIA AVENUE SUITE 401 ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3017977	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C.E. BROOKS 801 N. MAGNOLIA AVENUE SUITE 401 ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000106547 04/08/04-80019-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, CHARLES E. 801 N. MAGNOLIA AVE #401 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARNER, JOHN MICHAEL 117 PLANTERS ROW EAST PONTE VEDRA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLANAHAN, BILL L. 887 GEORGIA AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOKS, CYNTHIA M. 801 N. MAGNOLIA AVE #401 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  C. M. Brooks	3/22/04	(407) 422-4474
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>