

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88449

Entity Name: BWB RESEARCH, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

BOX 133, MAPLE ROW
CROMPOND, NY 10517

New Principal Place of Business:

Current Mailing Address:

BOX 133, MAPLE ROW
CROMPOND, NY 10517

New Mailing Address:

FEI Number: 65-0060724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURLAND, JACQUELINE I
9105 TAFT ST
PEMBROKE PINES, FL 33024 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: D () Delete
Name: BLOCHER, WALTER
Address: 1816 SW 85TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: P () Delete
Name: BLOCHER, ROBERTA
Address: BOX 133 MAPLE ROW
City-St-Zip: CROMPOND, NY 10517

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ROBERTA BLOCHER

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date