

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000006381</b> 1. Entity Name <b>BHPS - PTO, INC.</b>						<b>FILED</b> <div style="font-size: 1.2em;">06 MAY -1 AM 9:56</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>2205 THOMASVILLE RD. TALLAHASSEE, FL 32308</b>				Mailing Address <b>2205 THOMASVILLE RD. TALLAHASSEE, FL 32308</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>DOVE, JOYCE SIBSON 203 N. GADSDEN ST., #3 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRENNAN, KATHLEEN</b> <b>4778 LANCASHURE LANE</b> <b>TALLAHASSEE, FL 32309</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NILSA RAMOS</b> <b>2349 ARMISTEAD RD</b> <b>TALLAHASSEE, FL 32308</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NELSON, KAREN</b> <b>5351 CARISBROOKE LANE</b> <b>TALLAHASSEE, FL 32309</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HILLARY HODGES</b> <b>10427 TRAM ROAD</b> <b>TALLAHASSEE, FL 32311</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>THIGPEN, CHRISTINE</b> <b>211 RIDGEWOOD DRIVE</b> <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WADE, MOLLY</b> <b>4115 DEER LANE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAROLYN HODGES</b> <b>165 SIERRA ROAD</b> <b>HAVANA, FL 32333</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CICONE, JAY</b> <b>3793 MITZI WAY</b> <b>TALLAHASSEE, FL 32309</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANITA ACRE</b> <b>8322 PORTSMOUTH COURT</b> <b>TALLAHASSEE, FL 32311</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAUST, ANDY T</b> <b>2240 ARMISTEAD ROAD</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/27/06</b> Daytime Phone # <b>850-422-2464</b>			