2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002989

Entity Name: BIFC, INC.

City-St-Zip:

LAKE WORTH, FL 33462

FILED Apr 24, 2005 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	UNE DRIVE O, FL 33462			1839 CALICO ROAD WEST PALM BEACH, FL 3315			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	UNE DRIVE O, FL 33462		1839 CA;LI WEST PAL	1839 CA;LICO ROAD WEST PALM BEACH, FL 33415			
FEI Number	: 57-1205637	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
101 NEPT	RG, KENNETH UNE DRIVE O, FL 33462	US	1839 CALI	CZAJKA, STEPHEN 1839 CALICO ROAD WEST PALM BEACH, FL 33415 US			
	named entity s of Florida.	ubmits this statement for the	purpose of changing i	ts registere	d office or registered agent, or bo	oth,	
SIGNATUR	RE: STEPHEN	I M CZAJKA		04/24/2005			
	Electroni	c Signature of Registered Ag	jent		Date		
OFFICER	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () CZAJKA, STEVE 1839 CALICO R WEST PALM BE	D	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	PE () SITNICK, AL 10790 LAKE WY BOYNTON BEAG		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	T () SANDBERG, KE 101 NEPTUNE I LAKE WORTH, I	PR	Title: Name: Address: City-St-Zip:	T PIERCE, HA 120 W PINE LAKE WOR			
Title: Name: Address:	S () PIERCE, HARIA 1200 W PINE S		Title: Name: Address:		() Change () Addition		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEPHEN M CZAJKA PRES 04/24/2005