2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002989

1. Entity Name
BIFC, INC.

Principal Place of Business	Mailing Address
1839 CALICO ROAD WEST PALM BEACH, FL 3315	1839 CALICO ROAD WEST PALM BEACH, FL 33415

01152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1205637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CZAJKA, STEPHEN
1839 CALICO ROAD
WEST PALM BEACH, FL 33415

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CZAJKA, STEVE
STREET ADDRESS	1839 CALICO RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	PE
NAME	SITNICK, AL
STREET ADDRESS	10790 LAKE WYNOS COURT
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T
NAME	PIERCE, HARLAN
STREET ADDRESS	120 W PINE STREET
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	S
NAME	PIERCE, HARIAN
STREET ADDRESS	1200 W PINE ST
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/06-80015-016 61.25

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition with all other like empowered.

SIGNATURE: _____ 1-19-06 561-358-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #