

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 17 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000002989		
1. Entity Name BIFC, INC.		

Principal Place of Business 1839 CALICO ROAD WEST PALM BEACH, FL 3315	Mailing Address 1839 CALICO ROAD WEST PALM BEACH, FL 33415
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2. Principal Place of Business - No P.O. Box # 1301 S.W. 27TH PLACE	3. Mailing Address 1301 S.W. 27TH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOYNTON BEACH, FL.	City & State BOYNTON BEACH FL.
Zip 33426	Zip 33426
Country USA	Country USA

4. FEI Number 57-1205637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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7. Name and Address of New Registered Agent Name KEN SORENSEN Street Address (P.O. Box Number is Not Acceptable) 1301 S.W. 27TH PLACE City BOYNTON BEACH FL Zip Code 33426	
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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 KEN SORENSEN, President BIFC, INC. 8/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CZAJKA, STEVE 1839 CALICO RD WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE SITNICK, AL 10790 LAKE WYNDS COURT BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PIERCE, HARLAN 120 W PINE STREET LAKE WORTH, FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIERCE, HARIAN 1200 W PINE ST LAKE WORTH, FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEN SORENSEN 1301 S.W. 27TH PLACE BOYNTON BEACH FL. 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARYIN BADLER 5337 ANGEL WING DR. BOYNTON BEACH, FL. 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHARLES COHN 5033 GLENVILLE DR. BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAROL MORAN 408 NE 20TH AVE. BOYNTON BEACH, FL. 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400108394764 08/21/07--01065--023 **\$61.25
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.

SIGNATURE: KEN SORENSEN 8/15/07 561-703-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #