




FILED  
Jun 01, 2007 8:00 am  
Secretary of State

5/2

05-02-2007 90057 044 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N06000005641</b>					
1. Entity Name <b>BUSINESS &amp; LAW BUILDING ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PELICAN REALTY GROUP, INC. 27911 CROWN LAKE BLVD STE 104 BONITA SPRINGS, FL 34135</b>			Mailing Address <b>C/O PELICAN REALTY GROUP, INC. 27911 CROWN LAKE BLVD STE 104 BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-4981461</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GALVANO, RICHARD C/O PELICAN REALTY GROUP, INC. 27911 CROWN LAKE BLVD STE 104 BONITA SPRINGS, FL 34135</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  DATE <b>4-27-7</b>					
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>GALVANO, RICHARD</b>				
STREET ADDRESS	<b>27911 CROWN LAKE BLVD STE 104</b>				
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>GALVANO, ROBIN</b>				
STREET ADDRESS	<b>27911 CROWN LAKE BLVD STE 104</b>				
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>LYONS, KEVIN M</b>				
STREET ADDRESS	<b>C/O PELICAN REALTY GROUP, INC.</b>				
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  DATE <b>4-27-7</b> DAYTIME PHONE # <b>239-707-9803</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**RICHARD GALVANO**