2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43284

Entity Name: BCARC HOMES IV, INC.

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1694 CEDAR STREET ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 1694 CEDAR STREET ROCKLEDGE, FL 32955 FEI Number: 59-3185288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDSON, LYNN 3804 LA FLOR DRIVE ROCKLEDGE, FL 32955 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PRINGLE, J R BOUCHER, M Name: Name: 1182 POTOMAC DRIVE Address: 3826 MURRELL ROAD Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: ROCKLEDGE, FL 32955 Title: Title: () Delete () Change () Addition COLUMBO, JOE Name: Name: Address: 2251 W EAU GALLIE BLVD Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLLINS, SUSAN Name: COLLINS, SUSAN Name: 152 WINDWARD WAY Address: 152 WINDWARD WAY Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 (X) Change () Addition Title: () Delete Title: DROPESKI, CINDY Name: DROPESKI, CINDY Name: 680 WEST EAU GALLIE CAUSEWAY Address: 680 WEST EAU GALLIE CAUSEWAY Address: City-St-Zip: MELBOURNE, FL 32955 City-St-Zip: MELBOURNE, FL 32955 Title: Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SABBAG, BRENDA

3470 N. HARBOR CITY BLVD.

() Change () Addition

MELBOURNE, FL 32935

SIGNATURE: LYNN HUDSON **CFO** 03/13/2006

() Delete

() Delete

750 N. ATLANTIC BLVD. #604

COCOA BEACH, FL 32931

LIABLE, JAMES C JR

3500 N. SYLVAN LANE

MYERS, JIM

MELBOURNE, FL 32935

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: