2006 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # N98000004732 1. Entity Name 03-22-2006 90025 027 ****70.00 B.C. INSPIRATION, INC. Principal Place of Business Mailing Address 5014 SW 23RD ST HOLLYWOOD FL 33023 5014 SW 23RD ST HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address 5014 SW 2 Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number 65-0852555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSS, ELISHA JR Street Address (P.O. Box Number is Not Acceptable) 5014 SW 23RD ST **HOLLYWOOD FL 33023** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FRE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete THLE Change ■ Addition MOSS, JR, ELISHA NAME NAME 5014 SW 23RD ST STREET ADDRESS STREET ADDRESS West Park, FL 33023 HOLLYWOOD FL 33023 CITY-ST-7IP CITY-S1-ZIP SD Delete TITLE TITLE Addition SAMPSON, HATTIE NAME NAME 5832 WILEY ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-\$1-ZIP CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change TITLE Addition NAME MCFARLAND, JOHNNIE NAME STREET ADDRESS 2920 N.W. 40TH AVE. STREET ADDRESS FT. LAUDERDALE FL 33313 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

if changed, or on an attachment with an address, with all other like exp

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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