

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90003 020 \*\*\*158.75

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<b>DOCUMENT # P00000006581</b>					
<b>1. Entity Name</b> BVW ENTERPRISES, INC.					
<b>Principal Place of Business</b> 1767 HERMITAGE BLVD. #7202 TALLAHASSEE, FL 32308			<b>Mailing Address</b> P.O. BOX 15638 TALLAHASSEE, FL 32317		
<b>2. Principal Place of Business - No P.O. Box #</b> 2991 RUSS ST.		<b>3. Mailing Address</b> P.O. BOX 1586			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MARIANNA, FL <del>FLORIDA</del>		<b>City &amp; State</b> MARIANNA FL		<b>4. FEI Number</b> 59-3642173	
<b>Zip</b> 32446		<b>Country</b> JACKSON		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOLFFRADT, BART VON 1767 HERMITAGE BLVD. SUITE #7202 TALLAHASSEE, FL 32308		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2991 RUSS ST. City MARIANNA FL Zip Code 32446			
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> WOLFFRADT, BART VON <b>STREET ADDRESS</b> 1767 HERMITAGE BLVD SUITE #7202 <b>CITY - ST - ZIP</b> TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 2991 RUSS ST. <b>STREET ADDRESS</b> MARIANNA, FL <b>CITY - ST - ZIP</b> 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 607, 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.</b>					
<b>SIGNATURE:</b> <u>BART VON WOLFFRADT, PRESIDENT</u> <u>2-25-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					