2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007856

Entity Name: BCB INDUSTRIES, INC.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7232 OVERLAND RD. ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** P.O. BOX 910 APOPKA, FL 327040910 FEI Number: 59-3625554 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: BATHKE, BENJAMIN M BATHKE, BENJAMIN M 938 KEATON PARKWAY 109 HULL AVE OAKLAND, FL 34760 OCOEE, FL 34761 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: 01/10/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CARDOZA, RONALD E Name: Name: P.O. BOX 910 Address: Address: City-St-Zip: APOPKA, FL 327040910 City-St-Zip: Title: Title: () Delete () Change () Addition BUCHHOLZ, RICHARD D Name: Name: P.O. BOX 910 Address: Address: APOPKA, FL 327040910 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BATHKE, BENJAMIN M Name: Name: P.O. BOX 910 Address: Address: City-St-Zip: APOPKA, FL 327040910 City-St-Zip: Title: () Delete Title: () Change () Addition CARDOZA, RONALD E Name: Name: Address: 15549 ARABIAN WAY Address: City-St-Zip: City-St-Zip: MONTVERDE, FL 34756 Title: Title: () Delete () Change () Addition BUCHHOLZ, RICHARD D Name: Name: 331 HAVER LAKE CIRCLE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: (X) Change () Addition BATHKE, BENJAMIN M Name: Name: BATHKE, BENJAMIN M 938 KEATON PKWY Address: Address: 109 HULL AVE City-St-Zip: OCOEE, FL 34761 City-St-Zip: OAKLAND, FL 34760

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN M. BATHKE P 01/10/2007