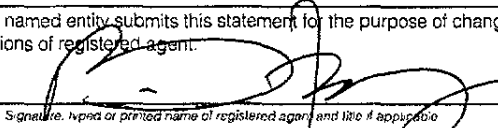


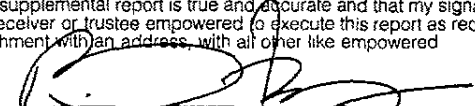
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000064447 1. Entity Name BPF DESIGN INCORPORATED							
Principal Place of Business 207 FAIRVIEW AVENUE DAYTONA BEACH FL 32114			Mailing Address 207 FAIRVIEW AVENUE DAYTONA BEACH FL 32114				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 1st MOORE CR2E034 (10/05) 4. FEI Number 59-3654465 Applied For Not Applicable 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FREDLEY, BRIAN P 207 FAIRVIEW AVE DAYTONA BEACH FL 32114						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 1/23/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P ☐ Delete NAME FREDLEY, BRIAN P STREET ADDRESS 225 SEAVIEW AVE. CITY-ST-ZIP DAYTONA BEACH FL 32114				TITLE ☐ Change ☐ Add NAME U00000400158 STREET ADDRESS 02/07/06-80026-027 150.00 CITY-ST-ZIP NO			
TITLE SD ☐ Delete NAME PEACOCK, DALLAS B STREET ADDRESS 207 FAIRVIEW AVENUE CITY-ST-ZIP DAYTONA BEACH FL 32114				TITLE ☐ Change ☐ Add NAME U00000405097 STREET ADDRESS 02/07/06-80026-026 8.75 CITY-ST-ZIP NO			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add NAME U00000405097 STREET ADDRESS 02/07/06-80026-027 150.00 CITY-ST-ZIP NO			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add 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 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 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

SIGNATURE:  **1/23/06** **306/257.0502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #