


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000047053 1. Entity Name BIMA, INC.	
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Principal Place of Business 16903 SE 88TH CRESTBROOK CT. THE VILLAGES, FL 32162	Mailing Address 16903 SE 88TH CRESTBROOK CT. THE VILLAGES, FL 32162
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03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1685568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAMBERT, WILLIAM N 629 N PENINSULA AVE DAYTONA BCH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000092017 03/18/04-80032-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAGNUSSON, KRISTMANN 16903 SE 88TH CRESTBROOK CT. THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KRISTMANSSON, BIRGIR GRETTISGOTU 47 101 REYKJAVIK ICELAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRISTMANSSON, MAGNUS SKELJATANGA 31 270 MOSFELLSBAE ICELAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRISTMANSDOTTIR, MARGRET SAEVARGORDUM 12 170 SELTJARNARNESI ICELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	03-06-04 (352) 259-5217
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>