

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000047053

1. Entity Name  
BIMA, INC.



Principal Place of Business  
16903 SE 88TH CRESTBROOK CT.  
THE VILLAGES, FL 32162

Mailing Address  
16903 SE 88TH CRESTBROOK CT.  
THE VILLAGES, FL 32162



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1685568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGNUSSON, KRISTMANN
STREET ADDRESS	16903 SE 88TH CRESTBROOK CT.
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	VPD
NAME	KRISTMANSSON, BIRGIR
STREET ADDRESS	VESTURGATA 5A, 101 REYKZAVIK
CITY-ST-ZIP	ICELAND,
TITLE	D
NAME	KRISTMANSSON, MAGNUS
STREET ADDRESS	SKELJATANGA 31 270 MOSFELLSBAE
CITY-ST-ZIP	FURUBYGO 38 ICELAND,
TITLE	D
NAME	KRISTMANNSDOTTIR, MARGRET
STREET ADDRESS	SAEVARGORDUM 12 170 SELTJARNARNESI
CITY-ST-ZIP	ICELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001455210  
03/15/06-80044-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: *Kristmann Magnusson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06  
Date

Daytime Phone #