2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000047053

1. Entity Name
BIMA, INC.

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

DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

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

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

000000838327
03/05/08-80026-007 150.00

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	KRISTMANNSSON, BIRGIR
STREET ADDRESS	VESTURGATA 5A, 101 REYKZAVIK
CITY-ST-ZIP	ICELAND.
TITLE	D
NAME	KRISTMANNSSON, 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	

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 02-21-08 (352)259-5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KRISTMANN MAGNUSSON