2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P01000047053

Entity Name: BIMA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1685568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBERT, WILLIAM N
629 N PENINSULA AVE
DAYTONA BCH, FL 32118 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAGNUSSON, KRISTMANN
Address: 16903 SE 88TH CRESTBROOK CT.
City-St-Zip: THE VILLAGES, FL 32162

Title: VPD ( ) Delete
Name: KRISTMANNSSON, BIRGIR
Address: VESTURGATA 5A, 101 REYKZAVIK
City-St-Zip: ICELAND,

Title: D ( ) Delete
Name: KRISTMANNSSON, MAGNUS
Address: SKELJATANGA 31 270 MOSFELLSBAE
City-St-Zip: FURUBYGO 38 ICELAND,

Title: D ( ) Delete
Name: KRISTMANNSDOTTIR, MARGRET
Address: SAEVARGORDUM 12 170 SELTJARNARNESI
City-St-Zip: ICELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KRISTMANN MAGNUSSON PD 02/26/2009
Electronic Signature of Signing Officer or Director Date