
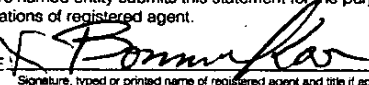



FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 036 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000061249			
1. Entity Name B. M. PROJECTS, INC.			
Principal Place of Business 10405 OLD ST AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL 32257		Mailing Address 10405 OLD ST AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL 32257	
2. Principal Place of Business 10405 Old St Augustine Rd		3. Mailing Address 10405 Old St. Augustine Rd	
Suite, Apt. #, etc. Suit 6		Suite, Apt. #, etc. Suit. 6	
City & State Jacksonville FL		City & State Jacksonville, FL	
Zip 32257	Country USA	Zip 32257	Country USA
6. Name and Address of Current Registered Agent KOO, BON M 11032 ASHFORD GABLE PLACE JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Koo, Bon M Street Address (P.O. Box Number is Not Acceptable) 7727 7727 Watermark Lane City Jacksonville, FL Zip Code 32256	
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: 1/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KOO, BON M 11032 ASHFORD GABLE PLACE JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Koo, Bon M 7727 Watermark Lane Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KOO, KYUNG H 11032 ASHFORD GABLE PLACE JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Koo, Kyung H 7727 Watermark Lane Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1/19/06 Daytime Phone #: 904) 262-6202	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	