


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**

40005115

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



01192006 Chg-P CR2E034 (11/05)

City & State
Jacksonville FL

City & State
Jacksonville, FL

4. FEI Number
59-3725082

Applied For
 Not Applicable

Zip
32257

Country
USA

Zip
32257

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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**

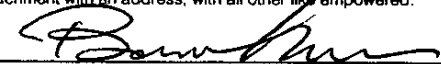
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$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** 904)262-6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR