2006 FOR PROFIT CORPORATION **ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

	ANNUAL	KEPURI		7	Secreta	ary of State
DOCUMENJ # P01000061588						v
1. Entity Nam BVH DEV	ELOPMENT-D, INC.	_				
Principal Plac 1840 PHILLI SARASOTA, I	PI SHORES DR	Mailing Address PO BOX 20708 SARASOTA, FL 34276			3 100 110 110 110 110 110 110 110 110 11	: BANK KERI UKRESTRIK REKURU II KARA
	O NOT WOLTE	IN THE COA	or.	04252008		R2E034 (11/05)
L	O NOT WRITE	IN THIS SPA	<u>C</u> ⊏	4. FEI Numbe 65-112		Applied For Not Applicable
	· -	<u> </u>	,		of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		_L		
200 SQUT	NILLIAM M TH ORANGE AVENUE TA, FL 34235		DO NOT WRITE IN THIS SPACE			
the obligation of the street o	s named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent an	d trie if applicable. INOTE Register 9. Election Campaign Fina	ad Agent signature require			DATE
<u> </u>	ay 1, 2006 Fee will be \$550.0	<u> </u>	·			
16. TITLE NAME STREET ADDRESS CITY-ST-EP	DP MORRIS, ROBERT A JR 1840 PHILLIPI SHORES DRIVE SARASOTA, FL 34231	IRECTORS	 - - - -		U00080 85/10/86-	543252 80129-017 1 50. 0
NAME STREET ADDRESS CITY-ST-ZIP JULE NAME STREET ADDRESS CITY-ST-ZIP	CARRION, JAIME S 3655 BEE RIDGE ROAD SUITE 3 SARASOTA, FL 34231 ST THOMAS, DORA MARIA C 3655 BEE RIDGE ROAD SARASOTA, FL 34236	10		DO	NOT WR	ITE
THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP			-	IN ⁻	THIS SPA	CE
tmr	 	· · · · · · · · · · · · · · · · ·	7			

12. Thereby certify that the information supplied with this filling 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 cath; 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:

NAME STREET ADDRESS CITY -ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

ROBERT A MORRIS JR

PRESIDENT

4/27/06 Date

941-923-6353

DBYTET# PTIONS #