


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90005 013 ***558.75

DOCUMENT # P01000072267	
1. Entity Name BMO DEVELOPMENT CORPORATION	

Principal Place of Business 2295 S OCEAN BLVD PH-14 PALM BEACH FL 33480	Mailing Address ATTENTION: BARBARA ORENSTEIN 2295 S. OCEAN BLVD PH-14 PALM BEACH FL 33480
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2. Principal Place of Business 253 RIDGEVIEW Dr	3. Mailing Address 253 RIDGEVIEW Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM BEACH, FL	City & State PALM BEACH FL
Zip 33480	Country USA



MOORE CR2E034 (4/04)

4. FEI Number 91-2144042	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORENSTEIN, MICHAEL 2295 S OCEAN BLVD PH-14 PALM BEACH FL 33480
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 253 RIDGEVIEW Dr. City PALM BEACH FL Zip Code 33480
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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 <i>Michael Orenstein</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 7-30-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ORENSTEIN, BARBARA 2295 S OCEAN BLVD PH-14 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ORENSTEIN, MICHAEL 2295 S OCEAN BLVD PH-14 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: <i>Michael Orenstein</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 7-30-04 Date	DAYTIME PHONE #: 561-547-1148 Daytime Phone #
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