



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111189 1. Entity Name BMA TRENDS, INC.						FILED 05 JUL -6 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FL	
Principal Place of Business 1508 CAPITAL CIRCLE SE F-3 TALLAHASSEE, FL 32301				Mailing Address 1508 CAPITAL CIRCLE SE F-3 TALLAHASSEE, FL 32301			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ACAIN, ANTHONY J 1604 FLINT RIDGE LN. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME MCDANIEL, PAUL STREET ADDRESS 1428 JANET DR. CITY-ST-ZIP TALLAHASSEE, FL 32301				<input type="checkbox"/> Change <input type="checkbox"/> Addition 100057341721 07/12/05--01026--028 **150.00			
TITLE V <input type="checkbox"/> Delete NAME ACAIN, TONY STREET ADDRESS 1604 FLINT RIDGE LANE CITY-ST-ZIP TALLAHASSEE, FL 32301				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete 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: 				7-6-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			