2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111189 1. Entity Name BMA TRENDS, INC.							05	FILED JUL -6 P	! 1: 10		
Principal Place of Business M			Mailing Address				STUDIES THE				
			1508 CAPITAL CIRCLE SE				SECTION TO THE SECTION OF THE SECTIO				
F-3 Tallahassee, Fl 32301			F-3 Tallahassee, FL 32301					TEL MERI MEDI MEDI ME			
2. Principal Place of Business			3. Mailing Address							Ji	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062005	Chg-P	CR2E034 (1			
City & State			City & State		4. FEI Number Applied For 59-3759565 Not Applicable						
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired S8.75 Addit Fee Required			1		
	6. Name and Address	of Current Regis	stered Agent		Name	7. Name and	Address of New I	Registered Agent			
ACAIN, ANTHONY J					Name						
1604 FLIN	T RIDGE LN. SSEE, FL 32312			Street Addres	ddress (P.O. Box Number is Not Acceptable)						
					City			F 1 7	ip Code		
A 70								<u> </u>	·		
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fin Trust Fund Contribution						55.00 May Be added to Fees	In accordance corporation did	with s. 607.193(not receive the	2)(b), F.S., prior notice	the	
10.		CTORS 11.			ADDITIONS	/CHANGES TO OFF	FICERS AND DIRE	CTORS IN 1	1		
TITLE	P	☐ Delete	TITLE NAME						Addition		
NAME STREET ADDRESS CITY-ST-ZIP	MCDANIEL, PAUL 1428 JANET DR. TALLAHASSEE, FL 32	2201	STREE		ME EET ADDRESS (-ST-ZIP	07/1	00057 2/050102	34172 6028 *	21 *150.00)	
TITLE	V Delete III							П.	Change [] A	Addition	
NAME	ACAIN, TONY	NAME		AE .							
STREET ADDRESS CITY-ST-ZIP	1604 FLINT RIDGE LANE TALLAHASSEE, FL 32301				EET ADDRESS (-ST-Z)P						
TITLE		E				change	Addition				
NAME CERT ADDRESS		Œ									
STREET ADDRESS CITY-ST-ZIP					EET ADORESS 7-ST-ZIP						
TITLE	☐ Delete TITL								Change 🔲 A	Addition	
NAME STREET ADDRESS				NAM	EET ADDRESS						
CITY-ST-ZIP				1	r-ST-ZIP						
TITLE	☐ Delete 1171.								Change A	Addition	
NAME STREET ADDRESS	NAM SS STRE				IE Eet address						
CITY-\$T-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL			·		hange 🗌 A	Addition	
NAME Street address					ie Eet address					.	
CITY-ST-ZIP				CITY	'-ST-ZIP						
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 address, with all other the expowered.											
SIGNAT	URE:		Kas			7-6-	-05				
	SIGNATURE AN	TYPED OF PRINTER	NAME OF SIGNING OFFICER	OR DIREC	тоя		Date	Daytime F	hone #		