2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # P02000004887 Apr 30, 2005 08:00 AM Secretary of State 1. Entity Name BCD BOBCAT SERVICE INC. Mailing Address Principal Place of Business 11036 153RD COURT N 11036 153RD COURT N JUPITER, FL 33478 JUPITER, FL 33478 04262005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 01-0589471 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENTON, ROBERT W 11036 153RD COURT N JUPITER, FL 33478 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DENTON, ROBERT W NAME 11036 153RD COURT N STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 VTD TITLE DENTON, CYNTHIA L NAME 11036 153RD COURT N STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 TITLE NAME STREET ADDRESS DO NOT WRIT CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attackment with an address, with all other like empowered.

SIGNATURE: INCLUDING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

STREET ADDRESS CITY-ST-ZIP

4-27-5

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