2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State DOCUMENT # P02000076631 1. Entity Name BMSB, INC. Principal Place of Business Mailing Address 4220 EDISON LAKES PARKWAY 4220 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 MISHAWAKA, IN 46545 CR2E034 (11/05) 01022008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-1717527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. -DO NOT WRITE 2598 L'ERMITAGE LANE NAPLES, FL 34105 IN THIS SPACE 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FITZPATRICK, DANIEL B NAME 4220 EDISON LAKES PARKWAY STREET ADDRESS CITY-ST-ZIP MISHAWAKA, IN 46545 TITLE NAME STREET ADDRESS .000000665903 CITY-ST-ZIP 04/08/08-80007-013-150.00 TITLE Company of the NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the receiver pr 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:

ALL AND TYPED OR PRINTED NAME OF SUNNING OFFICER OR DIRECTOR

March 14, 2008

(574) 243-6619

Daytime Phone #