2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000089194

1. Entity Name

B.S.T., INC.

ͻUU19274

Principal Place of Business	Mailing Address
ONE N CLEMATIS STREET	P.O. BOX 4297
WEST PALM BEACH, FL 33401	WEST PALM BEACH, FL 33402

2. Principal Place of Business	3. Mailing Address		
5/5 N. Flagler Drive		03082006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. Suite 300 P	Suite, Apt. #, etc.		
City & State West Palm Beach, FL	City & State	4. FEI Number 51-0421430	Applied For / Not Applicable
Zip 33401 Country US	Zip Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
L. FRANK CHOPIN, ESQUIRE CHOPIN & MILLER ONE N CLEMATIS STREET WEST PALM BEACH, FL 33401	Name L. Frank Chopin Street Address (P.O. Box Number is Not Acceptable) 5/5 N. Flagler Drive Suite 300 P City West Palm Beach FL Zip Code 33401

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

	9. Election Campaign Financing	$5.00 May Be	
FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	Trust Fund Contribution. ☐	Added to Fees	

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PSTD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CHOPIN, L. FRANK		NAME	515 N. Flagler Drive, Suite 300 P
STREET ADDRESS	ONE N CLEMATIS STREET		STREET ADDRESS	West Palm Beach, FL 33401
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	

TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CITY-ST-ZIP		CITY-ST-ZIP	

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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: _____   4/27/06   561-655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #