

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000092351 1. Entity Name BVD HOLDINGS, INC.	
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Principal Place of Business 2777 N. POINCIANA BLVD. KISSIMMEE, FL 34746	Mailing Address 2777 N. POINCIANA BLVD. KISSIMMEE, FL 34746
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D4052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2094028	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAKU, TOM 2777 N. POINCIANA BLVD KISSIMMEE, FL 34746
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**DO NOT WRITE
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.

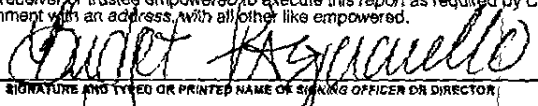
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☒	\$5.00 May Be Added to Fees	U00000513512 04/29/06-80132-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASQUARELLO, BRIDGET 2777 N. POINCIANA BLVD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERKAIK, ROBERT 2777 N. POINCIANA BLVD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAKU, THOMAS F 2777 N. POINCIANA BLVD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/11/06 Date	409 396-274 Daytime Phone #
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**409
396-274**