2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P02000107235 Aug 02, 2004 08:00 AM Secretary of State 1. Entity Name B.P. II, INC. Principal Place of Business Mailing Address 136 SAN JUAN DRIVE 136 SAN JUAN DRIVE ISLAMORADO, FL 33036 ISLAMORADO, FL 33036 No Chg-P 07272004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1872766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KELLER, ROBERT F DO NOT WRITE 136 SAN JUAN DRIVE ISLAMORADO, FL 33036 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 algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TIB F NAME KELLER, ROBERT F STREET ADDRESS 136 SAN JUAN DRIVE CITY-ST-ZIP ISLAMORADO, FL 33036 000000169096 08/02/04-80010-002 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP रहरा स IN THIS SPACE NAME STREET ADDRESS CSTY-ST-232 TERME NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 eath; 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 attendment with an address, with applier like empowered.

SIGNATURE: 4 COUNTY (COUNTY)

TITLE NAME STREET ADDRESS

7/20/04 (305)664-3892