2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 16, 2006 8:00 am Secretary of State DOCUMENT # P02000113978 1. Entity Name 03-16-2006 90227 011 ***150.00 BIDWELL ENTERPRISES, INC. Principal Place of Business Mailing Address 2680 GREENBRIAR BOULEVARD 6169 JOG RD WELLINGTON FL 33414 LAKE WORTH FL 33467 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 14-1852780 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI FL 33145 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Defete TITLE Change ☐ Addition Daria Bidwell NAME BIDWELL, DARIA H NAME 7148 Brickyard Circle STREET ADDRESS 2680 GREENBRIAR BOULEVARD STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE Delete TITLE BIDWELL, JAMES H NAME NAME STREET ADDRESS 2680 GREENBRIAR BOULEVARD STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 Section 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 a

SIGNATURE:

FILED