2007 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P02000118446** 1. Entity Name 97 MAY 16 AH 6: 37 BBGC INC. Principal Place of Business Maiting Address 8245 MARSALA WAY 8245 MARSALA WAY 05/04/07 90081 050 \$150.00 BOYNTON BEACH, FL 33437 US BOYNTON BEACH, FL 33437 03212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0048560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAIKEN, BARBARA G DO NOT WRITE 8245 MARSALA WAY **BOYNTON BEACH, FL 33437** 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NUKE CHAIKEN, BARBARA G 8245 MARSALA WAY STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZP ITLE NAME STREET ADDRESS CITY-ST-ZIP DRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-51-21P TITLE STREET ADDRESS CITY-ST-70 TITLE KAME STREET AUBBESS 12. I hereby dentity that the information supplied with this filling does not quality 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 SIGNATURE: OFFICER OR DIRECTOR

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