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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 AM 8:59

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000118446

1. Entity Name
BBGC INC.

Principal Place of Business	Mailing Address
8245 MARSALA WAY BOYNTON BEACH, FL 33437 US	8245 MARSALA WAY BOYNTON BEACH, FL 33437 US

00000J66

05/21/07 90054626 150

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number
32-0048560 ☐ Applied For ☐ Not Applicable

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
CHAIKEN, BARBARA G 8245 MARSALA WAY BOYNTON BEACH, FL 33437	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAIKEN, BARBARA G		NAME		
STREET ADDRESS	8245 MARSALA WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		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		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	B 3/4/08	
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: Barbara G Chaiken 2/5/08 561-375-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P94000522

ATTACHMENT
66000922

February 5, 2008

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Attn: Karen Saly

Re: P02000118446 BBGC. INC.

For year 2007 2 checks for $150 were sent in. 1 Check was deposited on 5/4/07, the other check for $150 was deposited 5/21/07.

As per my conversation with you today, one of those checks will be used to pay for my 2008 Annual Report.

Please confirm that one of these checks has been used to pay for 2008.

Thank you for your help in this matter.

Barbara Chaiken