
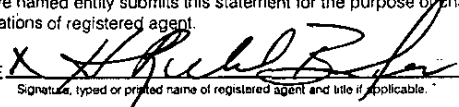



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90031 027 ***150.00

DOCUMENT # P03000003212 1. Entity Name BNB CONSULTING, INC.					
Principal Place of Business 6116 OBERLIN ST SPRING HILL, FL 34606			Mailing Address 6116 OBERLIN ST SPRING HILL, FL 34606		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5143 COMMERCIAL WAY Suite, Apt. #, etc.			
City & State		City & State SPRING HILL FL		4. FEI Number 55-0815253	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34606		Country USA		6. Name and Address of Current Registered Agent BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL 34606	
7. Name and Address of New Registered Agent Name H. RICHARD BENDER Street Address (P.O. Box Number is Not Acceptable) 5143 COMMERCIAL WAY City SPRING HILL FL		Zip Code 34606			
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:  DATE: 2/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, H. RICHARD 6116 OBERLIN ST SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL-34606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S/T/ H. RICHARD BENDER 5143 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL-34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL-34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL-34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL-34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MARGARET D 6116 OBERLIN ST SPRING HILL, FL-34606	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  H. RICHARD BENDER Date: 2/14/05 Daytime Phone #					

50015624



02032005 Chg-P CR2E034 (10/03)