## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2007 08:00 AM DOCUMENT # P03000003212 **Secretary of State** 1. Entity Name BNB CONSULTING, INC. Principal Place of Business Mailing Address 5143 COMMERCIAL WAY 6116 OBERLIN ST SPRING HILL, FL 34606 SPRING HILL, FL 34606 No Chg-P CR2E034 (11/05) 01252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0815253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENDER, H. RICHARD DO NOT WRITE 5143 COMMERCIAL WAY SPRING HILL, FL 34606 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST THLE NAME BENDER, H. RICHARD 6116 OBERLIN ST STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RICHARD BENDER

X 1-29-07

Daylime Phone #

**FILED**