2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000017409 -Jan 24, 2007 08:00 A 1. Entity Name **Secretary of State B&NINTERPRIZE, INC** Principal Place of Business Mailing Address 334 E ORANGE STREET 334 E ORANGE STREET TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Numbor Applied For City & State 55-0820191 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUBIC, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 334 E ORANGE STREET TARPON SPRINGS FL 34689 Zip Code 8. The above named ontity 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 CATE Signature, typed or printed name or registered agent and talle i applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition Delete MIF Ш H0000000487 SUBIC. ROBERT C NAM MAAA 01/26/07-80012-006 150.00 334 E ORANGE STREET SIRIT LADDRESS SINH LADDRESS TARPON SPRINGS FL 34689 ONY SI ZIP CHY ST ZIP Addition ☐ Change Delete IIII 21115 SUBIC, NANCY J NAM NAM 334 E ORANGE STREET STORY LADORESS SHAFET ADDRESS **TARPON SPRINGS FL 34689** CHY SI 749 CITY ST ZIP ☐ Change Delete HHE Addition BHE NAM NAM STREET ADDRESS SIREFT ADDRESS CITY ST-71P CITY ST 7IP Change Addition Delete IIII 111111 NAME STRUCT ADDRESS STREET ADDRESS CHTY ST ZIP CHY SI ZIP Change Addition TITLE ☐ Defele NAME SHREEL ADDRESS SERVET ADDRESS CHY St /IP CHY SI ZIP ☐ Change ☐ Addition ☐ Delele TITLE ШE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP

12. I horeby 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 attachment with an address, with all other like empowered.

SIGNATURE: ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #