2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045369

RIDGLEY, SHIRLEY

PALM BAY, FL 32909

1091 ARKANSAS AVENUE SE

Name: Address:

City-St-Zip:

Entity Name: BCR BUSINESS SOLUTIONS, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1091 ARKANSAS AVE SE PALM BAY, FL 32909 **Current Mailing Address: New Mailing Address:** 1091 ARKANSAS AVE SE PALM BAY, FL 32909 FEI Number: 27-0055159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIDGWAY, LOIS A RIDGWAY, LOIS A 1687 STARDUST DRIVE 1091 ARKÁNSAS AVE SE MALABAR, FL 32950 PALM BAY, FL 32909 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. SIGNATURE: 04/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition COLE, NATHAN B RIDGWAY, LOIS A Name: Name: 3422 ROYAL HILL DRIVE 1091 ARKANSAS AVE SE Address: Address: City-St-Zip: COLUMBUS, OH 43223 City-St-Zip: PALM BAY, FL 32909 US Title: VP/S (X) Change () Addition Title: () Delete BLACKSTONE, JOYCE E Name: BLACKSTONE, JOYCE E Name: 154 ROBINSON STREET 154 ROBINSON STREET Address: Address: BINGHAMTON, NY 13904 BINGHAMTON, NY 13904 US City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete RIDGWAY, LOIS A RIDGLEY, SHIRLEY Name: Name: 1687 STARDUST DRIVE 1091 ARKANSAS AVE SE Address: Address: City-St-Zip: MALBAR, FL 43950 City-St-Zip: PALM BAY, FL 32909 US Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LOIS ANNE RIDGWAY P 04/30/2007