


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # P03000058297 1. Entity Name BBCR HOLDINGS, INC.	
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Principal Place of Business P O BOX 1384 TRENTON, FL 32693	Mailing Address P O BOX 1384 TRENTON, FL 32693
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04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3682573	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEEN, WILLIAM E 508 E WADE ST TRENTON, FL 32693	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEEN, WILLIAM E P O BOX 1384 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILES, WILLIAM K 2660 SE 48TH AVE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILES, CHARLES H 1850 AUGUSTA NATIONAL BLACKSBURG, VA 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAJNER, RANDALL L 316 HAWAII WOODS CT ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000703220
04/20/07-80130-020 150.00

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: William E Deen **4/11/07** **(352) 463-1313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #