2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000103232

1. Entity Name
BSME, INC.

Principal Place of Business	Mailing Address
4417 13TH ST SUITE 303 ST CLOUD, FL 34769	4417 13TH ST SUITE 303 ST CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

05192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-2106044	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, WILLIAM
4417 13TH ST
SUITE 303
ST CLOUD, FL 34769

DO NOT WRITE
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)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 5, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MILLER, SANDRA J
STREET ADDRESS	4417 13TH ST SUITE 303
CITY-ST-ZIP	ST CLOUD, FL 34769

TITLE	DP
NAME	MILLER, WILLIAM M
STREET ADDRESS	4417 13TH ST SUITE 303
CITY-ST-ZIP	ST CLOUD, FL 34769

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H00000565821
05/23/06--80002-009 150.00

DO NOT WRITE
IN THIS SPACE

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 M. Miller*, Pres.   5-19-06   407-908-5167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #