


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90008 042 ***150.00

DOCUMENT # P03000136040					
1. Entity Name BKW-GREENACRES ASSET MANAGEMENT COMPANY					
Principal Place of Business 360 CENTRAL AVE ST PETERSBURG, FL 33701			Mailing Address 360 CENTRAL AVE ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0464707	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAIRE, NANCY C 360 CENTRAL AVE ST PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MENKE, ROBERT M STREET ADDRESS 360 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE S NAME White, John T. STREET ADDRESS 360 Central Ave. CITY-ST-ZIP St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MEEHAN, DAVID K STREET ADDRESS 360 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE AVP NAME Winkler, Mark E. STREET ADDRESS 360 Central Ave. CITY-ST-ZIP St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME HUSSEMAN, EDWIN C STREET ADDRESS 360 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME BRUBAKER, RICHARD M STREET ADDRESS 360 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME HAIRE, NANCY C STREET ADDRESS 360 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME TRUDEL, STEPHANIE STREET ADDRESS 360 CENTRAL AVE CITY-ST-ZIP SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Nancy C. Haire</u> Nancy C. Haire 4/13/2007 727 823-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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