


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000154515</b>			
1. Entity Name <b>BBC MACHINE &amp; TOOL CO. INC.</b>			
Principal Place of Business <b>3300 WEST 37TH ST SUITE B ORLANDO FL 32839</b>		Mailing Address <b>3300 WEST 37TH ST SUITE B ORLANDO FL 32839</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country	
6. Name and Address of Current Registered Agent  <b>BOUTILIER, DEBRA A 14639 MUSKET FIRE LANE ORLANDO FL 32837</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BOUTILIER, DEBRA A 14639 MUSKET FIRE LANE ORLANDO FL 32837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U000000503706 04/26/06-80043-002 150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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: Debra A. Boutilier

4/6/06 (407) 649-4970