## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P04000018483 04-16-2007 90069 030 \*\*\*150.00 1. Entity Name BP MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 40062233 3191 HARBOR BLVD STE B 3191 HARBOR BLVD STE B PT CHARLOTTE, FL 33952 PT CHARLOTTE, FL 33952 2. Principal Place of Business - No P.O. Box # 950 Tamiami Tr 3. Mailing Address 50° Suite, Apt. #, etc. Suite, Apt. #, e 04122007 Chg-P CR2E034 (12/06) Ste. (01 4. FEI Number Applied For 20-0684113 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRIBORSKY, BARBARA J Address (P.O. Box Number is Not Acceptable) 3191 HARBOR BLVD STE B <u>mi em</u> PT CHARLOTTE, FL 33952 101 Zip Code 33953 Charlotte 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. 4-12-07 F. Registered Agent signature required when reinstating) Signature, typed or printed name of ed aprint and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Priboraky PRIBORSKY, BARBARA J NAME NAME STREET ADDRESS 3191 HARBOR BLVD STE B STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 33952 CITY-ST-ZIP ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Barbara J. Priborsky