


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90221 046 ***150.00

DOCUMENT # P04000030636

1. Entity Name
BI-OM INC.



Principal Place of Business Mailing Address
8850 150TH COURT NORTH **8850 150TH COURT NORTH**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418**

UPLEDGER Institute

50019905



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
11211 Prosperity Farms Rd Suite, Apt. #, etc.

Palm Beach Gardens City & State

City & State City & State
FLA *FL*

Zip Country Zip Country
3340 *USA*

4. FEI Number Applied For
51N 20-0760104 Not Applicable

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

6. Name and Address of Current Registered Agent

UPLEDGER, LISA
8850 150TH COURT NORTH
PALM BEACH GARDENS FL 33418

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | UPLEDGER, LISA |
| STREET ADDRESS | 8850 150TH COURT NORTH |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 |
| TITLE | _____ <input type="checkbox"/> Delete |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Delete |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Delete |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lisa Upledger* *2-18-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #