


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 08:00 A
Secretary of State

DOCUMENT # P04000030636

1. Entity Name
 BI-OM INC.



Principal Place of Business
 UPLEDGER INSTITUTE
 11211 PROSPERITY FARMS RD
 PALM BEACH GARDENS, FL 33410

Mailing Address
 8850 150TH COURT NORTH
 PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE



05182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0760104	Applied For Not Applicable
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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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	D
NAME	UPLEDGER, LISA
STREET ADDRESS	8850 150TH COURT NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lisa Upledger Lisa Upledger 5-22-07 561-622-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #