

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90002 044 \*\*\*150.00

<b>DOCUMENT # P04000035912</b>					
<b>1. Entity Name</b> <b>BMST INC.</b>					
<b>Principal Place of Business</b> 189 MONTCLAIRE DR WESTON, FL 33326			<b>Mailing Address</b> 189 MONTCLAIRE DR WESTON, FL 33326		
<b>2. Principal Place of Business</b> 11214 SPRING HILL DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11214 SPRING HILL DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> SPRING HILL, FLORIDA Zip: 34609 Country: HERNANDO		<b>City &amp; State</b> SPRING HILL, FLORIDA Zip: 34609 Country: HERNANDO		<b>4. FEI Number</b> 20-0809401 Applied For: <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ADAIR, BRIAN 189 MONTCLAIRE DR WESTON, FL 33326	
<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____				<b>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.</b> SIGNATURE: <u>Brian L. Adair</u> <u>PRESIDENT</u> <u>6/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	PO: _____ <input type="checkbox"/> Delete ADAIR, BRIAN L 189 MONTCLAIRE DR WESTON, FL 33326		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRIAN L. ADAIR 16542 EASTWOOD TRAIL SPRING HILL, FLORIDA 34604	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	_____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	_____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	_____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Brian L. Adair</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>6/5/05</u> <u>(352) 388-6448</u> <small>Date Daytime Phone #</small>		