## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 08, 2007 08:00 AM DOCUMENT # P04000045896 **Secretary of State** 1. Entity Name BMW HOLDINGS, INC. Principal Place of Business Mailing Address 2660 SE 48TH AVENUE 2660 SE 48TH AVENUE TRENTON, FL 32693 US TRENTON, FL 32693 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 71-0969255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WILES, WILLIAM K DO NOT WRITE 2660 SE 48TH AVENUE TRENTON, FL 32693 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000578192 **\$5.00** May Be 9. Election Campaign Financing 01/09/07-80019-018 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILES, WILLIAM K NAME STREET ADDRESS 2660 SE 48TH AVENUE CITY-ST-7IP TRENTON, FL 32693 TITLE WILES, MELISSA M STREET ADDRESS 2660 SE 48TH AVENUE CITY-ST-ZIP TRENTON, FL 32693 TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of 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 gither like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-4-07

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Daytime Phone #