


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90024 004 \*\*\*150.00

<b>DOCUMENT # P04000046067</b> 1. Entity Name <b>BILDAN ENTERPRISES, INC.</b>			
Principal Place of Business <b>9842 NW 53RD COURT CORAL SPRINGS, FL 33076</b>		Mailing Address <b>9842 NW 53RD COURT CORAL SPRINGS, FL 33076</b>	
2. Principal Place of Business - No P.O. Box # <b>5919 NW 62ND TERRACE</b>		3. Mailing Address <b>5919 NW 62ND TERRACE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PARKLAND, FL</b>		City & State <b>PARKLAND, FL</b>	
Zip <b>33067</b>		Zip <b>33067</b>	
Country <b>US</b>		Country 	
4. FEI Number <b>20-0861532</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWNING, WILLIAM C JR 9842 NW 53RD COURT CORAL SPRINGS, FL 33076</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5919 NW 62ND TERRACE</b> City <b>PARKLAND</b> State <b>FL</b> Zip Code <b>33067</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. SIGNATURE: <u><i>William C Browning</i></u> DATE: <u>4/10/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWNING, WILLIAM C JR</b>		NAME 	
STREET ADDRESS <b>5919 NW 62TH TERRACE</b>		STREET ADDRESS 	
CITY-ST-ZIP <b>PARKLAND, FL 32067</b>		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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.			
SIGNATURE: <u><i>William C Browning</i></u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	