

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058185

Entity Name: BGB & ASSOCIATES, INC.

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

12084 LAKE CYPRESS CIRCLE
J304
ORLANDO, FL 32828

New Principal Place of Business:

14342 CLARKSON DRIVE
ORLANDO, FL 32828

Current Mailing Address:

12084 LAKE CYPRESS CIRCLE
J304
ORLANDO, FL 32828

New Mailing Address:

14342 CLARKSON DRIVE
ORLANDO, FL 32828

FEI Number: 20-0955487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWES, BARBARA B
Address: 12084 LAKE CYPRESS CIRCLE, J304
City-St-Zip: ORLANDO, FL 32828

Title: STD () Delete
Name: ELLEDGE, ANDREA H
Address: 14 HAWLEY ROAD
City-St-Zip: FAIRFAX, VT 05454

Title: VPD () Delete
Name: BOWES, RICHARD B
Address: 4127 FOREST ISLAND DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: VPD () Delete
Name: BOWES, BARBARA A
Address: 12084 LAKE CYPRESS CIRCLE, J304
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWES, BARBARA B
Address: 14342 CLARKSON DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: STD (X) Change () Addition
Name: ELLEDGE, ANDREA H
Address: 355 BOTTOM LANE
City-St-Zip: NELLYSFORD, VA 22958

Title: VPD (X) Change () Addition
Name: BOWES, RICHARD B
Address: 14342 CLARKSON DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change () Addition
Name: BOWES, BARBARA A
Address: 355 BOTTOM LANE
City-St-Zip: NELLYSFORD, VA 22958

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BOWES

PD

01/19/2007

Electronic Signature of Signing Officer or Director

Date