2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102871

FILED Feb 12, 2007 Secretary of State

Entity Na	me: B/P SER	VICES GROUP, INC.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
5516 ALBIN DR GREENACRES, FL 33463				11036 SUNSET RIDGE CIRCLE BOYNTON BEACH, FL 33437		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
5516 ALBIN DR GREENACRES, FL 33463				11036 SUNSET RIDGE CIRCLE BOYNTON BEACH, FL 33437		
FEI Number: 05-0605548 FEI Number Applied For ()		FEI Number Not App	licable ()	Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent	: Name and	Name and Address of New Registered Agent:		
1840 SW 2 4TH FLOC		.A.				
	named entity e of Florida.	submits this statement for t	he purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LAURIA, ELIZA 5516 ALBIN D GREENACRES	R S, FL 33463	Title: Name: Address: City-St-Zip:	BOYNTON	ISET RIDGE CIRCLE BEACH, FL 33437	
Title: Name:	T (LAURA, ANTH) Delete ONY J	Title: Name:	T LAURA, AN	(X) Change()Addition ITHONY J	

Address:

City-St-Zip:

Title: () Delete

5516 ALBIN DR

GREENACRES, FL 33463

Name: Address: City-St-Zip:

Address:

City-St-Zip:

Title: VPS () Change (X) Addition Name: LAURIA, JOSEPH

11036 SUNSET RIDGE CIRCLE

BOYNTON BEACH, FL 33437

Address: 5030 NAUTICA LAKE CIRCLE

City-St-Zip: GREENACRES, FL 33463

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: ANTHONY LAURIA Τ 02/12/2007