2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2008 08:00 AM Secretary of State DOCUMENT # P040001054381 1. Entity Name BPH, INC. Principal Place of Business Mailing Address 20 SOUTH POLK AVENUE 20 SOUTH POLK AVENUE ARCADIA, FL 34266 US ARCADIA, FL 34266" US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1370077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VOIGT, STEPHEN F ESQ. DO NOT WRITE 2042 BEE RIDGE ROAD SARASOTA, FL 34239 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOWIII-FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 · Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE ter. HATCH, BRAD NAME STREET ADDRESS 1779 NW MIKE DR. CITY-ST-ZIP ARCADIA, FL 34266 U00000778237 01/10/08-80041-015 150.00 TSSLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

(863) 990 - 6358