


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 017 ***150.00

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| DOCUMENT # P04000116658 |  |
| 1. Entity Name BV DEVELOPMENT, INC. | |

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| Principal Place of Business 401 COMMERCIAL CT STE A VENICE, FL 34292 | Mailing Address 401 COMMERCIAL CT STE A VENICE, FL 34292 |
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| 2. Principal Place of Business - No P.O. Box # 779 Commerce Drive | 3. Mailing Address 779 Commerce Drive |
| Suite, Apt. #, etc. Suite 1 | Suite, Apt. #, etc. Suite 1 |
| City & State Venice, FL | City & State Venice, FL |
| Zip 34292 | Country Sarasota |



04052007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-1739641 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HINES, CHARLES D. 420 N. RIVER ROAD VENICE, FL 34293 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD TAYLOR, JAMES D. 401 COMMERCIAL CT., SUITE A VENICE, FL 34292 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Taylor, James D. 779 Commerce Drive, Suite 1 Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD TAYLOR, ELIZABETH 401 COMMERCIAL CT., SUITE A VENICE, FL 34292 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Taylor, Elizabeth 779 Commerce Drive, Suite 1 Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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| SIGNATURE:  James D. Taylor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 4/18/07 | Daytime Phone # 941-488-7682 |
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