


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000139508 1. Entity Name B.D.M. INVESTMENT GROUP, INC.	
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Principal Place of Business 3515 N US HWY 17 DELAND, FL 32720 US	Mailing Address 3515 N US HWY 17 DELAND, FL 32720 US
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1717694	Applied For <input type="checkbox"/> Not Applicable
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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 MULLEN, KENNETH W 591 LAKE PEARL DRIVE LAKE HELEN, FL 32744

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRENNER, JON 850 CASSADAGA ROAD LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MULLEN, KENNETH W 591 LAKE PEARL DRIVE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-T DICKINSON, SCOTT 1755 SAND PINE TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/06-80010-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 I ke empowered.

SIGNATURE:  **JON BRENNER**  **3/15/06**  **886 985-555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #