2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P05000035046 1. Entity Name 04-28-2006 90154 043 \*\*\*158.75 B M DEVELOPMENT PLUS, INC. Mailing Address Principal Place of Business 4115 FAY BLVD 4115 FAY BLVD COCOA FL 32927-8570 COCOA FL 32927-8570 3. Mailing Address 2. Principal Place of Business 4767 Chica 60 St 4767 Chica 60 St Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE LOCOA Cocoa Applied For City & State 329 City & State 4. FEI Number 52-2458374 Not Applicable \$8.75 Additional 7io Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ivame BLANCO, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 4115 FAY BLVD COCOA FL 32927-8570 Zip Code 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, lyped or printed name of registered agent and bite if applicable (NOTE Registered Agent signature required when revisibling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Blanco, Madimir ☐ Addition TITLE DP ☐ Detete TIT) F NAME 4767 chicago st cocoa, Fl 32927-3313 NAME BLANCO, VLADIMIR STREET ADDRESS 4115 FAY BLVD STREET ADDRESS cocoa, Fl CITY-ST-ZIP COCOA FL 32927-8570 CITY-ST-ZIP Pridulla, Laura 4767 chicago st Change THILE Addition TITLE עם ☐ Delete NAME NAME MIDULLA, LAURA STREET ADDRESS 4115 FAY BLVD STREET ADDRESS Cocoa, F1 32927 -3313 CITY - ST - 7/P CITY-ST-ZIP COCOA FL 32927-8570 ☐ Change Addition THILE ☐ Delete TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

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