2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000056410 1. Entity Name B.D.M.F. CORP.								04-24-2006	9039/011 ***	*130.00	
Principal Place 2285 E HWY BUNNELL, FL	100 UNIT 2		Mailing Address 2285 E HWY 100 UNIT 2110 BUNNELL, FL 32110			1			() 	DII	
2. Principal Place of Business 400 S. BAY ST.			3. Mailing Address 3981 BREEN ALRES N			3 P	ø. 				
Suite, Apt. #, etc.			Suite, Apl. #, etc.				04062006	Chg-P	CR2E034 (11/		
BUNNELL , FLA.			City & State	FUORIDA Zip Country			4. FEI Numb 20-268			Applied For Not Applicable	
3211	110 Country USA		32084	Loun	ΪSA			of Status Desired	Fee Re	Additional quired	
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent TO HAIE L. CAMPBELL				
CAMPBELL, JASON W 3281 GREEN ACRES RD ST AUGUSTINE, FL 32084					Street Address (P.O. Box Numbers No. Acceptable) ACRES RO.						
31 A0G03/INC, FE 32004					5	ST. AUGUSTINE, FLA.					
8. The above	named entit	ty submits this statement (or the purpose of changing its	s register	City ed office or	register	red agent, or bo	oth, in the State of F	FL 29	9089	
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 Significant: Typed or printed name of registered agent											
		FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Con	-	~ —		.00 May Be led to Fees			•	
10.	P	OFFICERS AND	DIRECTORS Delete	11.		ļ	ADDITIONS	/CHANGES TO OF	FICERS AND DIREC		
NAME STREET ADDRESS CITY-ST-ZIP	CAMPBE 3281 GRI	ELL, TONNIE L EEN ACRES RD JSTINE, FL 32084	Delete	NAM STRI					ال ال	inge [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEARNS, MICHAEL S 10160 OLD DIXIE HWY.					1 1	Director Kearns, Michael S 3281 Green Acres Bd 54 Augustin, FC 32084			ange 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				7 (X () X ()	Y (1 SE / 1 S	☐ Cha	inge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						□ Cha	ange 🗀 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						□ Cha	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	1					□ Cha	ange 🗀 Addilion	
indicated of the co	l on this repo rporation or t	ort or supplemental report i the receiver or trustee emp	h this filing does not qualify s true and accurate and that owered to execute this repor with all other like empowered	my signa t as requ	ature shall h	apter 607	same legal effe 7, Florida Statut	ect as if made unde es; and that my nar	r oath; that f am an o	fficer or director 10 or Block 11 if	