


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90283 003 \*\*\*150.00

<b>DOCUMENT # P05000060727</b>					
<b>1. Entity Name</b> BNN, INC.					
<b>Principal Place of Business</b> 32811 2121 W. OAK RIDGE RD. ORLANDO, FL 32809 US			<b>Mailing Address</b> 32811 2121 W. OAK RIDGE RD. ORLANDO, FL 32809 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2121 W. OAK RIDGE RD		<b>3. Mailing Address</b> 8600 SAND LAKE SHORES DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		<b>4. FEI Number</b> 20-2735900	
<b>Zip</b> 32809		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BASEM, YUNIS 8600 SAND LAKE SHORES DR. ORLANDO, FL 32836			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> YUNIS, BASEM		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8600 SAND LAKE SHORES DRIVE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32836		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> MAALI, NADER		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 5701 LIBERTY GARDEN CT.	<b>CITY-ST-ZIP</b> ORLANDO, FL 32819		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____			04-20-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		