2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2006
Secretary of State

DOCUMENT# P05000080337

Entity Name: BMP DEVELOPMENT, INC.

Current Principal Place of Business:

412 NORTHLAKE CT.
APT. # 5
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

P.O. BOX 7695
PORT ST. LUCIE, FL 34985 US

Current Mailing Address:

412 NORTHLAKE CT.
APT. # 5
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

P.O. BOX 7695
PORT ST. LUCIE, FL 34985 US

FEI Number: 20-2938035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: GEORGE ORTIZ

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: BOYD, BRANDON D
Address: 412 NORTHLAKE CT., APT. #5
City-St-Zip: NORTH PALM BEACH, FL 34408 US

Title: D,VP ( ) Delete
Name: POSLAIKO, MICHAEL A
Address: 412 NORTHLAKE CT., APT. #5
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: S,T ( ) Delete
Name: POSLAIKO, MICHAEL A
Address: 412 NORTHLAKE CT., APT. #5
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: BOYD, BRANDON D
Address: P.O. BOX 7695
City-St-Zip: PORT ST. LUCIE, FL 34985 US

Title: D,VP (X) Change ( ) Addition
Name: POSLAIKO, MICHAEL A
Address: P.O. BOX 7695
City-St-Zip: PORT ST. LUCIE, FL 34985 US

Title: S,T (X) Change ( ) Addition
Name: POSLAIKO, MICHAEL A
Address: P.O. BOX 7695
City-St-Zip: PORT ST. LUCIE, FL 34985 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL POSLAIKO VP 10/16/2006

Electronic Signature of Signing Officer or Director — Date