2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000118895

FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90022 011 ***150.00

1. Entity Name BCHCH ENTERPRISES INC.)			
Principal Plac	e of Business		Mailing Address			40045816			
3205 DOE COURT BRANDON, FL 33511			P 0 B0X 6086 BRANDON, FL 33508			91	104302		
2. Principal f	Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006	Chg-P C	R2E034 (11/05)	
City & State			City & State			4. FEI Numb	er 364986	}	pplied For ot Applicable
Zip Country		Zip	Zip Country		•	of Status Desired	¢0.75	ditional	
	6. Name	and Address of Curren	t Registered Agent	L .		7. Name and	Address of New Regist	·	
JORDAN, RONALD M					Name		-	·	·
3205 DOE BRANDON	COURT				Street Address	(P.O. Box Numb	er is Not Acceptable)		
					0.5				
The above named entity submits this statement for the purpose of changing its registered executions of constraints and constraints.					City ed office or registe	ered agent, or ho	th in the State of Florida	FL Zip Coo	
the obligat	tions of registe	ered agent.		Ū			on, in the diale of Figure	TOTTI COLLEGE WILLI	and accept
SIGNATURE.	Signature, typed o	or printed name of registered agen	at and title if applicable. (NOT)	E: Registere	d Agent signature require	nd when reinstation)		DATE	
FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.00 3 Fee will be \$550	9. Election Campa 7.00 Trust Fund Cont			5.00 May Be ded to Fees		-	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	\$ IN 11
NAME STREET ADDRESS CITY-ST-ZIP	3205 DOE		□ Deleta		E Et adoress			☐ Change	Addition
TITLE	VP	N, FL 33511	Delete	TITLE	-ST-ZIP	.P.			-
NAME STREET ADORESS	HENDERS 3205 DOE	ON, MALCOLM H II COURT	Delete	NAM	E K	ennet	h Harris e Court , FL 335/	☐ Change	Addition
CITY-ST-ZIP	BRANDON	N, FL 33511			-ST-ZIP B	ran don	. FL 335/	/	
TITLE Name			Deleta Deleta	TITLE	:		,	☐ Change	Addition
STREET ADDRESS			. •	NAMI STRE	ET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE NAME			☐ Deteta	TITLE	I			☐ Change	☐ Addition
STREET ADDRESS				NAME STREE	ET ADDRESS				
CITY-ST-ZIP				CITY-	-ST-ZIP				
TITLE NAME			. 🗖 Delete	TITLE				☐ Change	Addition
STREET ADDRESS				NAME	ET ADDRESS				
CITY-ST-ZIP		·		1	ST-ZIP				
TITLE		•	☐ Detete	TITLE	- I			☐ Change	Addition
NAME STREET ADDRESS			•	NAME	ET ADDRESS			•	
CITY-ST-ZIP					ST-ZIP				
12. I hereby o	ertify that the	information supplied with	h this filing does not qualify fo	r the exe	motions container	d in Chanter 119	Florida Statutos I fueba	e partificable shall be in	

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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR