2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # P05000119338 03-19-2007 90063 034 ***150 00 1. Entity Name **BK FINANCE COMPANY** Principal Place of Business Mailing Address 40037241 399 WEST PALMETTO PARK ROAD # 100 200 399 WEST PALMETTO PARK ROAD #100 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 Principal Place of Busings - No. P.O. Box # d 03162007 Chg-P CR2E034 (12/06) 200 4. FEI Number Applied For 03-0568721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME KENNEDY, BEN S JR. 399 WEST PALMETTO PARK RD Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33432 City 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, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. hange TITLE Delete TIRE Kennedy Ben S. Jr. 399 w. Palmetto Burk Rd. Roca Raton FL 334 KENNEDY, BEN S JR. NAME NAME 399 WEST PALMETTO PARK RD. # 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier entries 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 of 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. SIGNATURE:

FILED