

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132735

Entity Name: BB HAMMERERS, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

5601 NW 202 PLACE
LACROSSE, FL 32658 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 464
LACROSSE, FL 32658 US

New Mailing Address:

FEI Number: 20-3544618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRESSACK, BENJAMIN
5601 NW 202 PLACE
LACROSSE, FL 32658 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: _____

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: PVST () Delete
Name: BRESSACK, BENJAMIN
Address: 5601 NW 202 PLACE
City-St-Zip: LACROSSE, FL 32658 US

Title: D () Delete
Name: BRESSACK, BENJAMIN
Address: 5601 NW 202 PLACE
City-St-Zip: LACROSSE, FL 32658 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BENJAMIN BRESSACK

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date