


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90325 006 ***158.75

DOCUMENT # P06000026133	
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1. Entity Name
BOS PROPERTIES, INC.

Principal Place of Business 446 CYPRESS STREET ALTAMONTE SPRINGS, FL 32714	Mailing Address 446 CYPRESS STREET ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business - No P.O. Box # 1900 West 18th Street	3. Mailing Address 1900 West 18th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANFORD Florida	City & State SANFORD, Florida
Zip 32771	Country Seminole
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Zip 32771	Country Seminole

04102007 Chg-P CR2E034 (12/06)

4. FEI Number 06-1768475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SMITH, DEWEY H
1900 WEST 18TH STREET
SANFORD, FL 32771**

7. Name and Address of New Registered Agent
Name **Bernette O. Smith**
Street Address (P.O. Box Number is Not Acceptable)
1900 West 18th Street
City **Sanford** FL Zip Code **32771**

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 **Bernette O. Smith** (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE **4/09/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O SMITH, BERNETTE O 3743 SHANNONS GREEN WAY ALEXANDRIA, VA 22309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Bernette O. Smith** 4/09/07 (407) 758 1812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #