2009 FOR PROFIT CORPORATION

FILED
09 FEB 11 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12012008 REIN-P CR2E098 (1/07)

DOCUMENT # P06000057092

1. Entity Name
BVP HOMESHARE, INC.

Principal Place of Business	Mailing Address
4450 E WINDMILL DRIVE #107 INVERNESS, FL 34453	PO BOX 624 INVERNESS, FL 34451

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 75-3214351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLAHAN, BRIAN 1559 SE 80TH STREET OCALA, FL 34480	Name: Marcel Van Der Pluijm Street Address (P.O. Box Number is Not Acceptable): 4450 E Windmill Dr #107 City: Inverness FL Zip Code: 34453

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DEC 1st 2009 DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DER PLUIJM, MARCEL WILHELMINA DRUCKRERHOF 5, 1277 BT HUIZEN NETHERLANDS, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800143391318 02/11/09--01029--012 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800143391318 02/11/09--01029--013 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEC 1st 2009 Date Daytime Phone #

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