2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063905

Entity Name: BSM HOLDING & CONSULTING, INC.

FILED Apr 28, 2007 Secretary of State

US

Current Principal Place of Business:	New Principal Place of Business:
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1181 SUMTER BOULEVARD SUITE 129

NORTH PORT, FL 34286 US

New Mailing Address:

150 DOWLING AVENUE NE

PART CHARLOTTE, FL 34952

3400 S. TAMIAMI TRAIL SARASOTA, FL 34239

Current Mailing Address:

FEI Number: 20-4782631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIDDELL, JEFFERSON F 3400 S. TAMIAMI TRAIL SARASOTA, FL 34239 US

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

Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: PD () Delete Name: BENEDETTO, BRIAN

Address: 1181 SUMTER BLVD., SUITE 129
City-St-Zip: NORTH PORT, FL 34286 US

Title: VPD () Delete
Name: HAGIMENTI, SAL
Address: 7531 LINGUSTRUM

City-St-Zip: PUNTA GORDA, FL 33955 US

Title: STD (X) Delete Name: PARRY, MEL

Address: 150 DOWLING AVENUE, NE City-St-Zip: PORT CHARLOTTE, FL 33952 Name: BENEDETTO, BRIAN
Address: 1181 SUMTER BLVD., SUITE 129

City-St-Zip: NORTH PORT, FL 34286 US

Name: PARRY, MEL

Address: 150 DOWLING AVENUE NE City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MEL PARRY DPST 04/28/2007