ANNUAL REPORT

SIGNATURE:

Sep 05, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION DOCUMENT # P06000111080 09-05-2007 90005 014 ***150.00 1. Entity Name B. C. AND P.C. CORPORATION Principal Place of Business Mailing Address 821 S. W. 1 ST STREET 821 S.W. 1 ST STREET HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 2. Principal Place of Business - No P.O. Box # 821. S.W. 1 5 Street B.C. AND P.C. CORP. Suite, Apt. #, etc. Suite, Apt. #, etc. P.O. 80X - 691 06082007 CR2E034 (12/06) Hallandale Beach-Fla-City & State HALLANDALE -FLORIDA Applied For 4. FEI Number Hallandule Not Applicable Country U.S.A ^{Zip}33008 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANDRAN, PUSHPA B Street Address (P.O. Box Number is Not Acceptable) 821 S. W. 1ST STREET HALLANDALE BEACH, FL 33009 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 HANDRAN, PUSHPA. B. SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BLE THLE ☐ Delete ☐ Addition CHANDRAN, PUSHPA B NAME NAME STREET ADDRESS 821 S.W. 1ST STREET STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH, FL 33009 CITY-ST-ZIP TITLE ... SEC/TR CHANDRAN, B. SEC/TR DILE Addition CHANDRAN B Bal. S.W. 1st Street STREET ADDRESS STREET ADDRESS 821. S.W. 1st Stra CITY-ST-ZIP CITY-ST-ZIP 33009 Hallandale Beach Hallanda le TULE THIE Addition ÑÄME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE Accilion MAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIE CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STPEET ADDRESS CITY-ST-ZIP CHY-ST ZIP 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 path; that I am an officer or direction 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 B

CHANDRAN, PUSHPA, B.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED