
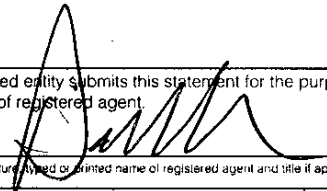
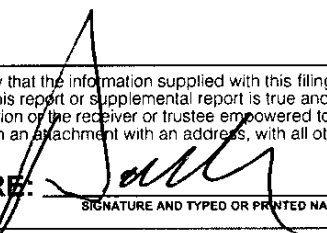


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 009 ***150.00

DOCUMENT # P06000133726 1. Entity Name B & B PRODUCT SOLUTIONS, INC.					
Principal Place of Business 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708 US			Mailing Address 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708 US		
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 20-5757544	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name DAVID R. BARLOW Street Address (P.O. Box Number is Not Acceptable) 5030 SEMINOLE BLVD. City ST. PETERSBURG FL Zip Code 33708		
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 		DAVID R. BARLOW		1/21/08	
Signature and printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLOW, DAVID R 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, CLIFTON G 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, CLIFTON G 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, CLIFTON G 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, CLIFTON G 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, CLIFTON G 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, CLIFTON G 5030 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		<input type="checkbox"/> Delete		
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: 		DAVID R. BARLOW		1/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone # 727-391-9009	