

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078389

FILED
Apr 30, 2008
Secretary of State

Entity Name: BMLEI, INC.

Current Principal Place of Business:

2 SEASIDE LANE
UNIT 802
BELLEAIR, FL 33756

New Principal Place of Business:

Current Mailing Address:

2 SEASIDE LANE
UNIT 802
BELLEAIR, FL 33756

New Mailing Address:

FEI Number: 26-0584528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERGE, THOMAS C
ONE BEACH DRIVE SE
SUITE 220
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DOERR, CAROL CPA
ONE BEACH DRIVE SE
SUITE 220
ST. PETERSBURG, FL 33701 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: CAROL DOERR, CPA 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEISSNER, BERND
Address: 2 SEASIDE LANE, UNIT 802
City-St-Zip: BELLEAIR, FL 33756

Title: SEC () Delete
Name: LEISSNER, MAY GRIT JOO
Address: 2 SEASIDE LANE, UNIT 802
City-St-Zip: BELLEAIR, FL 33756

Title: TREA () Delete
Name: LEISSNER, MAY GRIT JOO
Address: 2 SEASIDE LANE, UNIT 802
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: LEISSNER, BERND
Address: 2 SEASIDE LANE, UNIT 802
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: LEISSNER, MAY GRIT JOO
Address: 2 SEASIDE LANE, UNIT 802
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BERND LEISSNER P 04/30/2008
Electronic Signature of Signing Officer or Director Date