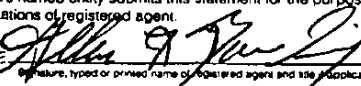
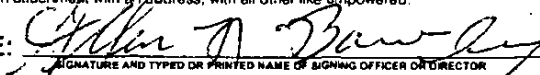


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/1

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-18-2007 90113 006 ***150.00

DOCUMENT # P93000019210		
1. Entity Name B-K INVESTMENTS ENTERPRISES, INC.		
Principal Place of Business 280 STATE RD. 415 OSTEEN, FL 32764		Mailing Address 280 STATE RD. 415 OSTEEN, FL 32764
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LABRET, STEVEN M 501 N. MAGNOLIA AVENUE SUITE A ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
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:  DATE: 1-10-07 (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOWLING, ALLEN R 280 STATE RD. 415 OSTEEN, FL 32764	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/S BOWLING, RICKY J 280 STATE RD 415 OSTEEN, FL 32764	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- 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 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		2-8-07 407-321-2399 Date Daytime Phone