2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # P93000038628 1. Entity Name BCMI, INC.				03-21-2005 90102 043 ***150.00				
Principal Place of Business Mailing Address			• • • •				5003	28558
1501 RIDGEV	NOOD AVE	1501 RIDGEWOOD AVE STE 104					U U.U I	*0.000
STE 104 Holly Hill,.	FL 32117 US	*	US					
Principal Place of Business 3. Mailing Address								
1025 NOVARD 1025 LOUA R			20.				 	MINI II III ja Parasa ja
		Suite, Apt. #, etc.		01202005	Chg-P	CR2E	34 (10/03)	
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<u> </u>	6. Name and Address of Current R	- 10	<u> </u>	7. Name and	Address of New	Registered	Fee Require	:d
			Name	-			بند اور دلاه شد	- ميد
BROWN, A	ALLYSON 3 MEADOWS DRIVE		Street Address	s (P.O. Box Numb	er is Not Acceptab	le)	•	
	BEACH, FL 32174	,		· :			ائر ہو۔ افراد وراث	1 (3)
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		•	City	;		, FL	Zip Cod	
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or regist	tered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
\$iGNATURE_	Signature, typed or printed name of registered agent an	d He d workenhale (NOTE - Decimal)	stered Agent signature requ	and when saintestings	· · · · · · · · · · · · · · · · · · ·	DATE		
	Signature, typed or printed name of registered agent as	d sie ii applicable: (NO12, negle	transc whom ship remains and or	(C) which (Bristonia)		DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution .		5.00 May Be dded to Fees		•		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DATE Dayling Phone 4