


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000038628

1. Entity Name
BCMI, INC.



Principal Place of Business 1501 RIDEGEWOOD AVE SUITE 205 HOLLY HILL, FL 32117 US	Mailing Address 1501 RIDEGEWOOD AVE SUITE 205 HOLLY HILL, FL 32117 US
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04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3215678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, ALLYSON
 17 SPRING MEADOWS DRIVE
 ORMOND BEACH, FL 32174**

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BROWN, ALLYSON 17 SPRING MEADOW DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BROWN, ISAAC 17 SPRING MEADOWS DR ORMOND BEACH, FL 32174
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 05/27/08-80081-017 150.00

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

4/30/08 (384) 5F-8333
 Date Daytime Phone #