

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038628

FILED
May 04, 2009
Secretary of State

Entity Name: BCMI, INC.

Current Principal Place of Business:

1501 RIDEGEWOOD AVE
SUITE 205
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1501 RIDEGEWOOD AVE
SUITE 205
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 59-3215678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: BROWN, ALLYSON
Address: 17 SPRING MEADOW DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VTD () Delete
Name: BROWN, ISAAC
Address: 17 SPRING MEADOWS DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ISAAC BROWN

PRES

05/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date