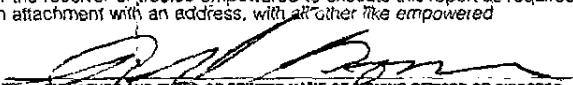


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000026542			
1. City Name B H JEWELERS, INC.			
Physical Place of Business 1 93RD ST N STE H 204 B L FL 33773		Mailing Address P.O. BOX 68 LARGO FL 33774	
2. Physical Place of Business		3. Mailing Address	
4. Apt. #, etc.		Suite, Apt. #, etc.	
State		City & State	
Country		Country	
Zip		Zip	
4. FEI Number 59-3249086		Applied For Not Applied	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSMAN, RICHARD 14426 MARK DR LARGO FL 33774		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
I, 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 Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete DPST BOSMAN, RICHARD I ADDRESS 14426 MARK DR CITY-STATE-ZIP LARGO FL 33774		☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-STATE-ZIP 000000396922 01/30/06-80028-023 150.00	
☐ Delete ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  01/17/2006 727 510 66