
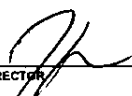


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90342 034 ***150.00

DOCUMENT # P94000041155 1. Entity Name B.N.E., INC.					
Principal Place of Business 2804 BRIARWOOD LANE SEBRING, FL 33875 US			Mailing Address 2804 BRIARWOOD LANE SEBRING, FL 33875 US		
2. Principal Place of Business - No P.O. Box # 5548 Castania Drive Suite, Apt. #, etc.		3. Mailing Address P. O. Box 8117 Suite, Apt. #, etc.			
City & State Sebring, Florida Zip 33872		City & State Sebring, Florida Zip 33872		4. FEI Number 65-0503119 Applied For <input type="checkbox"/> Not Applicable	
Country Highlands		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EGAN, JAMES P 2804 BRIARWOOD LANE SEBRING, FL 33875			7. Name and Address of New Registered Agent Name Egan, James P. Street Address (P.O. Box Number is Not Acceptable) 5548 Castania Drive City Sebring, FL Zip Code 33872		
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: <u>JAMES P. EGAN</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/4/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS EGAN, JAMES P 2804 BRIARWOOD LANE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Egan, James P. 5548 Castania Drive Sebring, Florida 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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: <u>JAMES P. EGAN</u>  DATE: <u>4/4/08</u> DAYTIME PHONE #: <u>(863) 385-8975</u>					