## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2007 8:00 am Secretary of State DOCUMENT # P95000012136 02-20-2007 90035 008 \*\*\*150.00 B.C. REALTY INVESTORS, INC. Principal Place of Business Mailing Address 980 NORTH FEDERAL HWY. 399 NW BOCA RATON BLVD BOCA RATON, FL 33432 US **SUITE 410** BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0619454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKENSON, DAVID B Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HWY. **SUITE 410** BOCA RATON, FL 33432 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Addition Delete NAME DICKENSON, DAVID B NAME 980 N. FED, HWY., STE, 410 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ■ Delete TITLE DVP ☐ Change Addition SCHNACKEL, DONALD H NAME NAME Michael Gallenkamp STREET ADDRESS CO. RT 2A STREET ADDRESS 9975 Brassie Bend Road CITY-ST-ZIP PULASKI, NY 131420350 CITY-ST-ZIP Naples, FL 34108 ACHED ANGES ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied photal 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 of 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

address, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

561-391-1900

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2. Principal Place of Business		3. Mailing Address			71		ΨΨ	1	,
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092006	Chg-P	CR2E	034 (11/05)	<b>O</b> 6
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Zip	Country	Zlp	Country		5. Certificate of	x Status Desired	Ω	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered	Agent	
DICKENSON, DAVID 8			Name Stroot &		ess (P.O. Box Numbe	ric Not Associat	hin)		
980 NORTH FEDERAL HWY. SUITE 410				Street Audit	ess (F.O. BOX NUMBE	- 14 INDI ACCEPTA		<u>'</u>	
BOCA RAT	ron, FL 33432			City				Zip Cod	e
The above named entity submits this statement for the purpose of changing its regist							Fl	<u>- L</u>	
	named entity supmits trip statement ions of registered agent.  Signature, typed or printed name of registered age				edured when reinstating)		DATE		
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