## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000031988

FILED Apr 19, 2005 Secretary of State

Entity Nam	ie: BMC TECI	HNOLOGIE	ES, INC.					
Current Principal Place of Business:				New Princi	New Principal Place of Business:			
101 HERON PANAMA C	NTURN BITY BEACH, F	L 32407	US	101 HERON PANAMA C	N TURN ITY BEACH, FL 3	32407 l	JS	
Current Ma	ailing Address	s:		New Mailin	g Address:			
101 HERON PANAMA C	NTURN :ITY BEACH, F	L 32407	US	101 HERON PANAMA C	N TURN ITY BEACH, FL 3	32407 L	JS	
FEI Number:	59-3310794	FEI Numbe	r Applied For()	FEI Number Not Appli	cable ( ) Cer	tificate of S	tatus Desired ( )	
Name and	Address of C	urrent Reg	istered Agent:	Name and	Name and Address of New Registered Agent:			
	ITY, FL 32407 named entity si of Florida.		statement for the purp	pose of changing its	s registered office	or registe	red agent, or both,	
SIGNATUR		c Signature	of Registered Agent			Date		
Election Cam	paign Financing	_				Date		
OFFICERS AND DIRECTORS:				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		Delete ATHARINA CK CIRCLE		Title: Name: Address: City-St-Zip:		nge ( ) Addi		
Title: Name: Address: City-St-Zip:	VP ( ) I WHITEHEAD, DA 154 CANDLEWIG PANAMA CITY, F	CK CIRCLE		Title: Name: Address: City-St-Zip:	()Cha	nge ( ) Addi	tion	
Title: Name: Address: City-St-Zip:	T () I MATS, BRUCE 845 UNIVERSITY MANDEVILLE, L			Title: Name: Address: City-St-Zip:	T (X) Cha MATS, BRUCE 4000 LEANN CIRCLI PANAMA CITY, FL 3		ition	
Title: Name: Address: City-St-Zip:	S ()  MAGNUS, BRUC 9801 STONE LA AUSTIN, TX			Title: Name: Address: City-St-Zip:	S (X) Cha MAGNUS, BRUCE 505 LA COSTA LEANDER, TX 7864	nge ( ) Add	ition	
Title: Name: Address: City-St-Zip:	P ()  BENGT, BRUCE 4627 PINEVIEW MARIANNA, FL			Title: Name: Address: City-St-Zip:	P (X) Cha BENGT, BRUCE 101 HERON TURN PANAMA CITY, FL 3	nge ( ) Add 32407	ition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHARINA WHITEHEAD 04/19/2005 D