
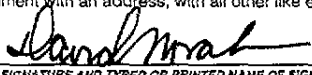


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000046160 1. Entity Name BW PIER INC.		
Principal Place of Business 849 20TH STREET VERO BEACH, FL 32960 US	Mailing Address 849 20TH STREET VERO BEACH, FL 32960 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	PD	<div style="font-family: monospace; font-size: 1.2em;"> 000000382392 01/12/06-80010-001 150.00 </div> <h2>DO NOT WRITE IN THIS SPACE</h2>
NAME	BIANCHI, BEATRICE W	
STREET ADDRESS	849 20TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VD	
NAME	BIANCHI, FRANCO	
STREET ADDRESS	849 20TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VST	
NAME	NOVAK, DAVID	
STREET ADDRESS	849 20TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/6/06 <small>Daytime Phone #</small>