2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P96000046429 1. Entity Namo 04-20-2007 90087 044 ***150.00 B & B COMMERCIAL PROPERTIES, INC. Principal Place of Business Mailing Address 1510 MKL STREET NORTH ST. PETERSBURG FL 33704 1510 MKL STREET NORTH ST. PETERSBURG FL 33704 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3384348 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 FREDERICKS, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 1510 MLK STREET NORTH ST. PETERSBURG FL 33704 Walnu City 7 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Fredericks, Robert 3235 Walnut St TIZLE IIILE ☐ Delete FREDERICKS, ROBERT K NAME NAME 12738 TAR FLOWER DR STREET ADDRESS St. Petersburg, FL 33704 STREET ADDRESS **TAMPA FL 33626** CITY-ST-ZIP CITY - ST- ZIP Fredericks, Barbara & Change Addition nnı Delete THUE 3235 Walnut St NE St Petersburg, FL 33704 FREDERICKS, BARBARA NAME 12738 TAR FLOWER DR STREET ADDRESS STREET ADDRESS TAMPA FL 33626 CJIY-ST-7IP CITY - ST - ZIP HILL ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIF CITY ST-7IP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11111 HHE ☐ Delete Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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.

FILED