

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059492

FILED
Jan 15, 2007
Secretary of State

Entity Name: BIF INVESTMENTS INCORPORATED

Current Principal Place of Business:

7342 HORIZON DR.
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24818
NEW ORLEANS, LA 70184

New Mailing Address:

401 VETERANS BLVD., #102
METAIRIE, LA 70005

FEI Number: 65-0767164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SCHOTT, CHRISTOPHER
Address: 401 VETERANS BLVD., #102
City-St-Zip: METAIRIE, LA 70005

Title: P () Delete
Name: BURRUS, DAVID R
Address: 401 VETERANS BLVD., #102
City-St-Zip: METAIRIE, LA 70005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER SCHOTT

ST

01/15/2007

Electronic Signature of Signing Officer or Director

Date