2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State

DOCUMENT # P97000103790 1. Entity Name B.H. SALES, INC.						03-30-2006 9	90017 049 ***1	50.00
Principal Place of Business C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022		Mailing Address C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022		405	. WW 15ÎN ENW 18W 18W	Nama atabas nina hadda 1890 at	BIL is II (588)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 13-397			pplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	☐ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		Nome	7. Name and	Address of New Re	gistered Agent	
CORPORATION SERVICE COMPANY				Name				
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Coo	de
	named entity submits this statement fo	r the purpose of changing its	registere	ed office or reg	gistered agent, or bo	h, in the State of Flori	da. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and the despitable (NOT	E. Datustora	od Acoust niggrature reserve	equired when reinstating)		DATE	
	algrature, typed or printed name of registered agent	nio una il applicabile. (1401)		n water a shranning in				
		9. Election Campa		ncina	\$5.00 Nov. Ro			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Finar	~ —	\$5.00 May Be Added to Fees			
	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Cont	ign Finar	~ —	Added to Fees ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	
After M.	OFFICERS AND VP	Trust Fund Cont	ign Finar ribution.		Added to Fees ADDITIONS/		XX Change	RS IN 11
After M	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Cont	ign Finar tribution. 11. TITLE		Added to Fees ADDITIONS/		XX Change	
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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 addrass, with all other like empowered.

SIGNATURE: 👱

George M. Pavia, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #