2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9800000017 BSB INVESTMENTS, INC.



Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

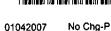
500 E KENNEDY BLVD

SUITE 200 TAMPA, FL 33602 US Mailing Address

500 E KENNEDY BLVD

STE 200

TAMPA, FL 33602



CR2E034 (11/05)

FILED

4. FEI Number 59-3499485

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

| | DOUGLAS C INEDY BLVD, STE 200 L 33602 | | 1 | | NOT WE THIS SPA | | |
|--|--|--|-------------------|--------------------------------|------------------------------|-------------------|------------------|
| | named entity submits this statement for the pions of registered agent. | | ed office or re | egistered agent, or l | both, in the State of Floric | ta. 1 am familiar | with, and accept |
| | Signature, typed or printed name of registered agent and site | if applicable. (NOTE: Registere | d Agent signature | required when reinstating) | | DATE | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | 01/08/07-80 | 77654 2025-007 | 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | ., . | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOLVES, BRIAN A 500 E KENNEDY BLVD TAMPA, FL 33602 | | , | • | | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BRICKLEMYER, KEITH W 500 E KENNEDY BLVD TAMPA, FL 33602 | | | | | | |
| TITLE Name Street address City-St-Zip | STD SMOLKER, DAVID 500 E KENNEDY BLVD TAMPA, FL 33602 | | | DC | NOT WE | RITE | |
| TITLE Name Street address City-St-Zip | VD BARTLETT, JAY J 500 E KENNEDY BLVD TAMPA, FL 33602 | | | IN | THIS SPA | ACE | * * * |
| TITLE Name Street address City-St-Zip | V ROLAND, DOUGLAS R 500 E KENNEDY BLVD TAMPA, FL 33602 | | , d | | | | |
| TITLE NAME | | | | | 3 | | |

12. Thereby certify that the information supplied with this filling 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 attachingth with an address, with all otherwise empowered. changed, or on an attachmen with an address, with all DOUGLAS C.

SIGNATURE:

CITY-ST-ZIP