2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000051533 1. Entity Name B.V.M. CORP. Principal Place of Business Mailing Address 13967 US HIGHWAY 1 JUNO BEACH, FL 33408 13967 US HIGHWAY 1 JUNO BEACH, FL 33408

FILED Feb 01, 2007 08:00 AM Secretary of State

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	A NOT WOITE II	~ =	01042007 No Chg-P CR2E034 (11/05)				
U	O NOT WRITE II	N THIS SPAC	ي. ا	4. FEI Numb			Applied For Not Applicable
· 	••		<i>.</i>	5. Certificate	of Status Desired	□ \$8. Fee	75 Additional Required
	Name and Address of Current Regis	tered Agent			- 4		
GANIM, DONALD E				DO	NOT W	RITE	
12980 LA ROCHELLE CIR WEST PALM BEACH, FL 33410				•		•	
				IN	THIS SP	ACE	(3)
						, ×	,
	named entity submits this statement for the pilons of registered agent.	ourpose of changing its registere	d office or registe	ered agent, or b	oth, in the State of Flo	rida. I am fami	liar with, and accept
the congut	iona orregialored agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signature require	ed when reinstating)	······································	DATE	
· ·		A 51 1 0 1 5			<u></u>		2 mm . 45 . 15 . 45
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 		5.00 May Be Ided to Fees	02/06/07-80 	JU37-UU7	150.00
10.	OFFICERS AND DIREC	CTORS					
TITLE	D						* * * * * * * * * * * * * * * * * * * *
NAME STREET ADDRESS	GANIM, DONALD E 12980 LA ROCHELLE CIRCLE				J		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410					•	•
TITLE	D		and the second	. "		er in the	
NAME	GANIM, MARYANN			•			
STREET ADDRESS	12980 LA ROCHELLE			•	*1 *1		• •
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410						
TITLE							
NAME Street address			. /*	· 22 2			<i>"</i> '
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STREET ADDRESS						•	. 1
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NAME							. ∤
STREET ADDRESS City-St-zip				· · · · · · ·	·		
12. I hereby o	certify that the information supplied with this f	iling does not qualify for the exe	mptions containe	ed in Chapter 11	9, Florida Statutes. I	further certify t	hat 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 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:

561-622-1533