2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2007 8:00 am **Secretary of State** DOCUMENT # P98000058742 1. Entity Name 02-27-2007 90007 032 ***150.00 B & S INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 3802 ERLICH ROAD SUITE 104 106 3802 ERLICH ROAD SUITE 104 106 **TAMPA FL 33624** TAMPA FL 33624 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 4. FEI Number Applied For 59-3588045 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 SCAGLIONE, ANDREW J 3802 EHRLICH RD., SUITE 104*106* Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 City Zip Code 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 Signature, typed or printed runne of registered agent and title r apptionale (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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ш ☐ Change Addition SCAGLIONE, ANDREW J NAME 3802 ERLICH ROAD STE., 104 STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY ST ZIP CHY ST ZIP 11111 ☐ Delete HILL ☐ Change Addition МАМ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SL ZIP 31113 Doleto iger ☐ Change ☐ Addition NAM STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY SL 7IP HHE ☐ Delete THE Change ■ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST ZIP Delete пш HIII □ Change ■ Addition NAM NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7P THE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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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 as if made under each; that I am an officer or director of the corporation or the receiveryor trustee empriwered 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 attackment with an address, with all other like empowered. SIGNATURE

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