

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045338

FILED
Mar 14, 2007
Secretary of State

Entity Name: BISHOP CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

1601 FORUM PLACE
STE 801
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE
STE 801
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0957494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, DAVID J CPA.
1601 FORUM PLACE STE 801
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: DP () Delete
Name: BISHOP, WILLIAM S
Address: BOX 360
City-St-Zip: LA QUINTA, CA 92253

Title: V () Delete
Name: BISHOP, BRUCE A
Address: 480 PEEDEE ROAD
City-St-Zip: SOUTHERN PINES, NC 28387

Title: T () Delete
Name: WENTWORTH, ELIZABETH B
Address: 5379 CORAL RIDGE
City-St-Zip: GRAND BLANC, MI 48439

Title: S (X) Delete
Name: FICK, RONALD L
Address: 239 SOUTH COUNTY RD, STE. 300
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID J THOMAS, CPA

RA

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date