2006 FOR PROFIT CORPORATION

SIGNATURE:

Feb 16, 2006 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P99000045384** 1. Entity Name BO*DIRT II, INC. Mailing Address Principal Place of Business 50 BAHAMA CIR. 50 BAHAMA CIR. TAMPA, FL 33606 TAMPA, FL 33606 02082006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3584181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHANT, RANCHHOD N DO NOT WRITE 50 BAHAMA CIR **TAMPA, FL 33606** IN THIS SPACE 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 the obligations of registered agent. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KHANT, RANCHOD NAME STREET ADDRESS SO BAHAMAS CR. CITY-ST-ZIP **TAMPA, FL 33606** TITLE UN0000436780 02/28/06-80015-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE **PAME** STREET ADDRESS CHY-ST-ZIP TICLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 affact people with an address, with all other like empowered.

Presiden.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED