2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000050480 1. Entity Name					Secretary of State	
BIL-MAD	CORP.					
Principal Place of Business		Mailing Address				
3410 STEEPLECHASE ROAD WESLEY CHAPEL FL 33543		3410 STEEPLECHASE ROAD WESLEY CHAPEL FL 33543				
2. Principal Place of Business		3. Mailing Address			a summer som samme kunis munis mansa mansa menun munis minun i masi manga menun samas sebagai ke imma B	
Suite, Apt. #, etc.		State, Apt. #, etc.			1st MOORE CR2E034 (10/05)	
City & State		Chy & State			4. FEt Number 59-3580859 Applied For Not Applied	
Zıp	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	No	ame	7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			}	Street Address (P.O. Box Number is Not Acceptable)		
			Cit	ly	FL Zio Code	
5. The above the obligat	named entity submits this statement for irons of registered agent.	or the purpose of changing its	registered off	lice or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed in printed name of registered agent	and hite applicable INDTE	Bobisicion Apen	t signature require t	(When rainslative) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May F Trust Fund Contribution. Added to Fees	
16.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
UUT	PSD	☐ Delcte	TOTLE		Change Additi	
NAME STREET ADDRESS CITY-ST-ZIP	SIDWELL, JAMES W 3410 STEEPLECHASE ROAD WESLEY CHAPEL FL 33543		NAME STREET ADO EITY-ST-ZI	- 1	03/31/06-80030-011 150.00	
THLE NAME STREET ADDRESS	VTD SIDWELL, MADY F 3410 STEEPLECHASE ROAD	□ Defete	TITLE NAME STREET ADD	DRESS	☐ Change ☐ Addition	
CRY-ST-ZIP	WESLEY CHAPEL FL 33543		CITY-ST-ZG	Ρ	712	
NAME STREET ADDRESS CHY-SI-ZIP		□ Delate	TITLE HAME STREET AUO CITY-ST-ZIT	}	☐ Change ☐ Addii	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	{	☐ Change ☐ Amin	
TITLE NAME STRECT ADDRESS CITY-ST-ZIP		☐ Dalete	Trile Name Syrley addy City-Se-Zif	MESS	☐ Charige ☐ A.S.S.S	
STREET ADDRESS CHY-ST-ZIP		☐ Delete	HTLE NAME STREET AUDI CHY-S1-ZIF	}	☐ Change ☐ Addition	

12. I hereby certily 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 cath, 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 attachment with an address, with all other like empowered.

SIGNATURE: May James Julian May REMA SIDWEL 3/17/66 8/13/78/2 14/33