2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P99000078098

Entity Name: BUSINESS ENTERPRISE PARTNERS, INC.

Current Principal Place of Business:

2400 LAS OLAS BLVD
PMB 111
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

PMB 111
2400 E. LAS OLAS
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0959310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOPEK, JOSEPH B
2400 E. LAS OLAS BLVD., PMB. 111
FORT LAUDERDALE, FL 33301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHOPEK, JOSEPH B
Address: PMB 11, 2400 E. LAS OLAS
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHOPEK, JOSEPH B
Address: PMB 111, 2400 E. LAS OLAS
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Change (X) Addition
Name: SMITH, KEITH
Address: 32 WINE STREET
City-St-Zip: HAMPTON, VA 23669 US

Title: D ( ) Change (X) Addition
Name: DIERBERGER, DAVID
Address: 32 WINE STREET
City-St-Zip: HAMPTON, VA 23669 US

Title: D ( ) Change (X) Addition
Name: FULLER, JUSTIN
Address: 32 WINE STREET
City-St-Zip: HAMPTON, VA 23669 US

Title: T ( ) Change (X) Addition
Name: SHOEMAKER, WILLIAM
Address: 2400 E. LAS OLAS BLVD., PMB 120
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: WILLIAM SHOEMAKER T 05/01/2006

Electronic Signature of Signing Officer or Director — Date