


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000105451</b> 1. Entity Name <b>BFG ENTERPRISES, INC.</b>						<b>FILED</b> <b>07 JUN -5 PM 2:00</b> CLERK OF THE STATE TALLAHASSEE, FLORIDA					
Principal Place of Business <b>9764 SILLS DR. EAST, #103</b> <b>BOYNTON BEACH, FL 33437</b>				Mailing Address <b>9764 SILLS DR. EAST, #103</b> <b>BOYNTON BEACH, FL 33437</b>							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country							
4. FEI Number <b>65-0967225</b>				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent <b>GOODMAN, BRENDA F</b> <b>9764 SILLS DR. EAST, #103</b> <b>BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 the obligations of registered agent.											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODMAN, BRENDA F</b> <b>9764 SILLS DR. EAST, #103</b> <b>BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>GOODMAN, BRENDA F</b> <b>9764 SILLS DRIVE EAST #103</b> <b>BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC/TREAS</b> <b>GOODMAN, JERRY</b> <b>9764 SILLS DRIVE EAST #103</b> <b>BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200104255912</b> <b>06/12/07--01014--005 **\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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 attachment with an address, with another like empowered.											
<b>SIGNATURE: <i>Brenda F Goodman</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>6/1/07</b> <small>Date</small>				<b>561/736-9233</b> <small>Daytime Phone #</small>			