2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the re-if changed, or on an attach

SIGNATURE:

Secretary of State DOCUMENT #`V29738 1. Entity Name 02-27-2006 90088 015 ***150.00 BG & ASSOCIATES INTERNATIONAL, INC. Principal Place of Business Mailing Address 108 EAST JEFFERSON STREET SUITE C 108 EAST JEFFERSON STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 110-A S. Monroe Street 3. Mailing Address P.O. Box 1054 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Tallahassee, FL Applied For City & State 4. FEI Number 65-0325752 Tallahassee, FL Not Applicable ^{Zip}323<u>01</u> Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32302 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOSNELL, ELIZABETH ANNE Street Address (P.O. Box Number is Not Acceptable) 108 EAST JEFFERSON STREET SUITE C 110-A South Monroe Street TALLAHASSEE FL 32301 Zip Code City Tallahassee 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE **PRES** ☐ Delete TITLE X Change Addition NAME GOSNELL, ELIZABETH A NAME 110-A South Monroe Street 108 E. JEFFERSON ST, SUITE C STREET ADDRESS STREET ADDRESS Tallahassee, FL 32301 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Defete TITLE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 oath; that I am an officer or director of the corporation or the receiver or toustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

Feb 27, 2006 8:00 am