


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V30722</b> 1. Entity Name <b>B &amp; B MACHINERY, INC.</b>	
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Principal Place of Business <b>% HENRY CLAY BOLEN 2281 HAVANA DRIVE MIRAMAR FL 33023</b>	Mailing Address <b>% HENRY CLAY BOLEN 2281 HAVANA DRIVE MIRAMAR FL 33023</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/07)

City & State Zip      Country	City & State Zip      Country
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4. FE# Number <b>65-0331365</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>BOLEN, HENRY CLAY 2281 HAVANA DRIVE MIRAMAR FL 33023</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD BOLEN, HENRY CLAY 2281 HAVANA DRIVE MIRAMAR FL <input type="checkbox"/> Delete
TITLE	VST BOLEN, MICHELE ANN 2281 HAVANA DRIVE MIRAMAR FL <input type="checkbox"/> Delete
TITLE	D BOLEN, MICHELE ANN 2281 HAVANA DRIVE MIRAMAR FL <input type="checkbox"/> Delete
TITLE	
TITLE	
TITLE	
TITLE	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

12. I hereby certify 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 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 all other like empowered.

SIGNATURE: Michele Ann Bolen      Michele Ann Bolen      4/8/08      981-2985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day: no Phone #