2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # P04000004001. . 1. Entity Name 03-21-2005 90093 031 ***150.00 BEADS N MORE, INC. Principal Place of Business Mailing Address 592 SE VOLKERTS TERRACE 592 SE VOLKERTS TERRACE 50028120 PORT ST. LUCIE FL 34952 PORT ST. LOCIE FL 34952 3. Mailing Addres Suite, Apt. CR2E034 (10/04) City & State 4. FELNumber Applied For Not Applicable Zip Country -\$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CSIHAR, ADRIENNE Street Address (P.O. Box Number is Not Acceptable) 592 SE VOLKERTS TERRACE PORT ST. LUCIE FL 34983 Zip Code ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this sta I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 changes! ac 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 Addition TITLE ☐ Change TITLE Defete CSIHAR, ADRIENNE NAME NAME 592 SE VOLKERTS TERRACE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 37×7|2 *** CITY-ST-ZIP ☐ Change TITLE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7tP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 empoyered 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.

FILED

Daytime Phone #