

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 025 ***150.00

DOCUMENT # P95000057907			
1. Entity Name B & B BOOKS, INC.			
Principal Place of Business 23 BLVD MOTIF STE 303 EAST END BROWNSBURG, IN 46112		Mailing Address 670 SPRING LAKE BLVD. PT. CHARLOTTE, FL 33952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		23 Blvd Motif	
City & State		Ste 303 East End	
Zip		Brownsburg, IN	
Country		Zip	
46112		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YOUNT, BARBARA L 670 SPRING LAKE BLVD PT CHARLOTTE, FL 33952		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNT, BARBARA L	NAME	6801 Park Square Dr. - B
STREET ADDRESS	670 SPRINGLAKE BLVD.	STREET ADDRESS	Crown, In 46123
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 all other like empowered.			
SIGNATURE: <i>Barbara L. Yount</i>		Date: <i>April 30, 2006</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

60034976



04252006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0612480** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required