

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 050 ****61.25

DOCUMENT # N01000000880

Entity Name
OLIATH AND BE-BE'S WORLD INC.



Principal Place of Business
**30 HILDEN ROAD
ST. AUGUSTINE, FL 32095**

Mailing Address
**130 HILDEN ROAD
ST. AUGUSTINE, FL 32095**



2. Principal Place of Business 1061 SW Alaska Way Suite, Apt. #, etc.		3. Mailing Address 4100 Tall Trees Ln Suite, Apt. #, etc.		08082005 Chg-NP CR2E037 (10/03)	
City & State Greenville FL		City & State St Augustine FL		4. FEI Number 59-3692174	
Zip 32331		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent WOOLEY, NEDRA 130 HILDEN ROAD ST. AUGUSTINE, FL 32095		7. Name and Address of New Registered Agent Name Nedra Woolley Street Address (P.O. Box Number is Not Acceptable) 1061 SW Alaska Way City Greenville FL Zip Code 32331		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Nedra Woolley <small>Signature, typed or printed name of registered agent and the filer.</small>		SIGNATURE Nedra Woolley <small>(NOTE: Registered Agent signature required when changing agent.)</small>		DATE 8/18/05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLEY, NEDRA 130 HILDEN ROAD ST. AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLEG, KATHLEEN 420 PORONE POINT DRIVE ST. AUGUSTINE, FL 32088 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELLY, SUSAN 701 A1A BCH BLVD SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLADEK, LYDIA 5494 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080 <input checked="" 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 checked="" 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 exemption stated in Section 119.07(3)(X), 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 617, Florida Statutes; and that my name appears in Block 10 or 11 changed, or on an attachment with an address, with all other like empowers.

SIGNATURE **Christy Laird** DATE **8/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #