2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 373860

1. Entity Name
NIKKI BEARE AND ASSOCIATES, INC.

FILED
05 MAR 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
~~101 W. 7TH AVE.~~ 7858 HAVANA Hwy HAVANA, FL 32333 US	~~101 W. 7TH AVE.~~ 7858 HAVANA Hwy HAVANA, FL 32333 US

03212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7858 HAVANA Hwy	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAVANA, FL	City & State
Zip: 32333 Country: USA	Zip Country

4. FEI Number: 59-1309845 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEARE, NIKKI 7858 HAVANA HIGHWAY HAVANA, FL 32333	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PTD~~ PTD BEARE, NIKKI 7858 HAVANA HWY HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900048831399 03/22/05--01012--016 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~BEARE, RICHARD A~~ ~~7858 HAVANA HWY~~ ~~HAVANA, FL 32333~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP-S-D~~ VP-S-D BEARE, SANDI 7858 HAVANA HWY HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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 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: Nikki Beare President 3/20/05 539-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/20/05 — Daytime Phone #