


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 517036
 1. Entity Name
"B" HIVE TROPHY, INC.



Principal Place of Business
**1810 N HERCULES AVE
 CLEARWATER, FL 34625-1117**

Mailing Address
**1810 N HERCULES AVE
 CLEARWATER, FL 34625-1117**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1691089 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PISANI, PAUL F
 1810 N. HERCULES AVENUE
 CLEARWATER, FL 33515**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	PISANI, JAMES P
STREET ADDRESS	1810 N. HERCULES AVE.
CITY-ST-ZIP	CLEARWATER FL, 34683
TITLE	VD
NAME	PISANI, ROBERT G
STREET ADDRESS	1810 N. HERCULES AVE.
CITY-ST-ZIP	CLEARWATER FL, 60646
TITLE	PD
NAME	PISANI, PAUL F
STREET ADDRESS	1810 N. HERCULES AVE
CITY-ST-ZIP	CLEARWATER FL, 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/08/06-80112-024 150.00

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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: *Paul P. Pisani* **4/24/06** **727-442-7163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #