2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 610797

Entity Name: BIE-SEL, INCORPORATED

BEIGHLEY III, SIDNEY L

STAMFORD, CT 06902

67 STAMFORD AVE

Name:

Address: City-St-Zip: FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5705 CLIFTON AVE JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 5705 CLIFTON AVE JACKSONVILLE, FL 32211 FEI Number: 59-1974761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KYLE, W. BENJAMIN 5705 CLIFTON AVE JACKSONVILLE, FL 32211 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BEIGHLEY, PAMELA BEIGHLEY, PAMELA Name: Name: 378 MORTH UNIVERSITY BLVD 378 NORTH UNIVERSITY BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: PD Title: () Change () Addition () Delete BEIGHLEY, ILA S Name: Name: 5705 CLIFTON AVE Address: Address: JACKSONVILLE, FL City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ILA S. BEIGHLEY PRES 04/10/2008