

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11255

FILED
Sep 07, 2005
Secretary of State

Entity Name: BRIDAL ELEGANCE BY BEA, INC.

Current Principal Place of Business:

2401 W. ST.RD.434
SUITE 141
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2401 W. ST.RD.434
SUITE 141
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2243184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOELLE, BEA
114 HOLLIE CIR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: HOELLE, BEA,
Address: 114 HOLLIE CT
City-St-Zip: MAITLAND, FL 32751

Title: PD () Delete
Name: SHOEMAKER, RENEE
Address: 1890 CHOCTAW TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: HARPER, ROSLYN
Address: 494 COUNTRY CLUB
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RENEE SHOEMAKER

PD

09/07/2005

Electronic Signature of Signing Officer or Director

Date