


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # J39660 <small>1. Entity Name</small> BEE WELDING, INC.			
<small>Principal Place of Business</small> 2145 INDIAN ROAD WEST PALM BEACH FL 33409 US		<small>Mailing Address</small> 2145 INDIAN ROAD WEST PALM BEACH FL 33409 US	
<small>2. Principal Place of Business - No P.O. Box #</small>		<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>		<small>Country</small>	



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HICKEY, PATRICK A 2145 INDIAN RD WEST PALM BEACH FL 33409				<small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ _____ <small>City</small>	
				FL <small>Zip Code</small>	

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 not using) DATE

FILE NOW!!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	T <input type="checkbox"/> Delete MCALLISTER, WILLIAM S 2145 INDIAN RD WEST PALM BEACH FL 33409	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	000000814047 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/13/08-80028-021 150.00
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D <input type="checkbox"/> Delete DEJONG, TOM 2145 INDIAN RD WEST PALM BEACH FL	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patrick A. Hickey Date: 1-28-08 Designation: 561-616-9003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation