## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000012114

GRANT, INEZITA

2650 NW 56TH AVE STE 404

LAUDERHILL, FL 33313

Name:

Address:

City-St-Zip:

FILED May 03, 2007 Secretary of State

Entity Nar	me: BEHIN	ID THE SCENES, (	CORP.			·	
Current Principal Place of Business:				New Principal Place of Business:			
	RDONNAY PRINGS, FL						
Current Mailing Address:				New Mailing Address:			
P.O.BOX 681553 MIAMI, FL 33168				P.O.BOX 9846 FT. LAUDERDALE, FL 33310			
	: 20-2076358 ce with s. 607	FEI Number Ap 7.193(2)(b), F.S., the c	plied For ( ) FEI Nun orporation did not receive t	nber Not Appl he prior notic		Certificate of Status Desired ( )	
Name and	Address o	of Current Registe	red Agent:	Name and	Address o	of New Registered Agent:	
GRANT, INEZITA 5321 SW 24TH STREET 2650 NW 56TH AVENUE, STE 404 LAUDERHILL, FL 33313 US				GRANT, INEZITA 2650 NW 56TH AVENUE APT #404 LAUDERHILL, FL 33313 US			
The above in the State	named ent e of Florida.	ty submits this stat	ement for the purpose o	f changing i	ts registere	d office or registered agent, or both,	
SIGNATURE:				05/03/2007			
	Elect	ronic Signature of I	Registered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		( ) Delete NYA DONNAY DRIVE RINGS, FL 33067		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP TAYLOR, TH 6140 SW 41 MIRAMAR, I	OTH STREET		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S WORTHEY, P O BOX 68 MIAMI, FL	31553		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	Т	( ) Delete		Title:	Т	(X) 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 617, 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:

GRANT, INEZITA

2650 NW 56TH AVE, APT #404

LAUDERHILL, FL 33313

SIGNATURE: INEZITA S GRANT T 05/03/2007