


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90375 021 \*\*\*\*61.25

<b>DOCUMENT # N05000009075</b>					
<b>1. Entity Name</b> BEADS FOR NEEDS, INC.					
<b>Principal Place of Business</b> 2461 NW 95TH AVE CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 2461 NW 95TH AVE CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 20-3411932					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LEVINE, JAEMI 2461 NW 95TH AVENUE CORAL SPRINGS, FL 33065				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> LEVINE, JAEMI		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2461 NW 95TH AVENUE	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> VP	<b>NAME</b> LEVINE, MITCHEL		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2461 NW 95TH AVENUE	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> DIR	<b>NAME</b> BLUM, JAY A		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 7609 NW 41ST STREET	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> DIR	<b>NAME</b> LEVINE, NICOLE		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2461 NW 95TH AVENUE	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> DIR	<b>NAME</b> LEVINE, JENN		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2461 NW 95TH AVENUE	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> DIR	<b>NAME</b> SCHLISSEL, DAVID		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2461 NW 95TH AVENUE	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <i>Mitchell Levine</i>			4/13/06 954-295-8797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		