2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N05000009075

Entity Name: BEADS FOR NEEDS, INC.

Current Principal Place of Business:

2461 NW 95TH AVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2461 NW 95TH AVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-3411932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAEMI
2461 NW 95TH AVENUE
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LEVINE, JAEMI	
Address:	2461 NW 95TH AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	VP	( ) Delete
Name:	LEVINE, MITCHEL	
Address:	2461 NW 95TH AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DIR	( ) Delete
Name:	BLUM, JAY A	
Address:	7609 NW 41ST STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DIR	( ) Delete
Name:	LEVINE, NICOLE	
Address:	2461 NW 95TH AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DIR	( ) Delete
Name:	LEVINE, JENN	
Address:	2461 NW 95TH AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DIR	( ) Delete
Name:	SCHLISSEL, DAVID	
Address:	2461 NW 95TH AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	

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:	
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 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.

SIGNATURE: J. LEVINE P 04/10/2009

Electronic Signature of Signing Officer or Director — Date