2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N05000012210

Entity Name: BEES FOR LIFE - WORLD APITHERAPY NETWORK, INC.

Current Principal Place of Business:

9051 SW 41 STREET
MIAMI, FL 331655374

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 650707
MIAMI, FL 332650707

New Mailing Address:

FEI Number: 20-3703789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASIS, MOISES
9051 SW 41 STREET
MIAMI, FL 331655374 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: DMS ( ) Delete
Name: ASIS, MOISES
Address: 9051 SW 41 ST
City-St-Zip: MIAMI, FL 331655374

Title: D ( ) Delete
Name: PEREZ, PEDRO
Address: CALLE SILO NO.1, ALCALA DE HENARES
City-St-Zip: MADRID, SPAIN,

Title: D ( ) Delete
Name: COUTO, ANTONIO
Address: RUA DO GUARDA MOR 37
City-St-Zip: LISBOA, PORTUGAL, 1200-81

Title: D ( ) Delete
Name: STANGACIU, STEFAN
Address: ST DELINESTI NO.1, BL. B35,SC.A ET 4/13
City-St-Zip: BUCURESTI, SEC. 6, ROMANIA,

Title: T ( ) Delete
Name: ASIS, TERESA
Address: 9051 SW 41 ST
City-St-Zip: MIAMI, FL 331655374

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:

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: MOISES ASIS DMS 05/01/2007
Electronic Signature of Signing Officer or Director — Date