

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001048

Entity Name: BE.IN.ME. INC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

4525 OAK HAVEN DR.  
102  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

4525 OAK HAVEN DR.  
102  
ORLANDO, FL 32839

## New Mailing Address:

FEI Number: 05-0610522      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:

## Name and Address of New Registered Agent:

BENN, DERRICK L P  
4525 OAK HAVEN DR.  
102  
ORLANDO, FL 32839 US

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: BENN, DERRICK L P  
Address: 4525 OAK HAVEN DR.  
City-St-Zip: ORLANDO, FL 32839 US

Title: VP ( ) Delete  
Name: REYNOLDS, JIM VP  
Address: 9008 ISLAND BAY CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

Title: S ( ) Delete  
Name: COUCH, LACRECIA S  
Address: 10236 DYLAN ST.  
City-St-Zip: ORLANDO, FL 32825 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WILLIAMS, LAWANDA  
Address: 1705 SAGE CREEK CT.  
City-St-Zip: ORLANDO, FL 32824 US

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: DERRICK L. BENN

P

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date