


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006253</b>	
1. Entity Name B.E.A.R.R., INC.	

Principal Place of Business 3851 62ND AVENUE NORTH SUITE G PINELLAS PARK, FL 33781 US	Mailing Address P O BOX 2934 PINEALLAS PARK, FL 33780-2934 US
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04282006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3606200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
CALHOUN, FAY I 6595 59TH LANE NORTH PINELLAS PARK, FL 33781

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD CALHOUN, FAY I 6595 59TH LANE NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALHOUN, ROBERT O 6595 59TH LANE NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCFADDEN, PATRICIA 6970 AVE DES PALAIS #1A SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, KELLY A 8401 HOLLYHOCK AVE. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/13/06-80052-010 81.25

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.

SIGNATURE: Fay I. Calhoun Date: 4/25/06 Daytime Phone #: 727-578-3686