

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 033 ***150.00

DOCUMENT # P00000086340	
1. Entity Name KATIE BEE ENTERTAINMENT, INC.	



Principal Place of Business C/O KATHLEEN M. DIVELLA 271 SW GLEN RD. PT. ST. LUCIE, FL 34953	Mailing Address C/O KATHLEEN M. DIVELLA 271 SW GLEN RD. PT. ST. LUCIE, FL 34953
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2. Principal Place of Business C/O Kathleen M. Divella Suite, Apt. #, etc. 867 Oswego Ave City & State Sebastian, FL Zip 32958 Country USA	3. Mailing Address C/O Kathleen M. Divella Suite, Apt. #, etc. 867 Oswego Ave City & State Sebastian, FL Zip 32958 Country USA
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01172005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1027686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIVELLA, KATHLEEN 271 SW GLEN RD. PORT SAINT LUCIE, FL 34953
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7. Name and Address of New Registered Agent Name Divella, Kathleen Street Address (P.O. Box Number is Not Acceptable) 867 Oswego Ave Sebastian, FL City FL Zip (Code) 32958
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIVELLA, KATHLEEN		NAME Divella, Kathleen	
STREET ADDRESS 271 SW GLEN RD		STREET ADDRESS 867 Oswego Ave	
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP Sebastian, FL 32958	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Kathleen M Divella Kathleen M. Divella 1-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772-228-9656