


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90020 041 \*\*\*158.75

<b>DOCUMENT # P01000032041</b> 1. Entity Name <b>THREE B'S SYSTEMS, INC.</b>					
Principal Place of Business <b>THREE B'S SYSTEMS, INC</b> <b>8514 W OAK STREET</b> <b>CRYSTAL RIVER FL 34428</b>				Mailing Address <b>PO BOX 1205</b> <b>CRYSTAL RIVER FL 34423</b>	
2. Principal Place of Business - No P.O. Box # <b>10173 N. Suncoast Blvd</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite #86</b>			
City & State <b>Crystal River FL</b>		City & State City & State		4. FEI Number <b>59-3708004</b>	
Zip <b>34428</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCGUIRE, ROBERT L</b> <b>8514 W. OAK STREET</b> <b>CRYSTAL RIVER FL 34428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10173 N. Suncoast Blvd</b> <b>Suite #86</b> City <b>Crystal River</b> <b>FL</b> Zip Code <b>34428</b>	
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 <u>Robert L. McGuire</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGUIRE, ROBERT L POST OFFICE BOX 1205 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD MCGUIRE, SHIRLEY A POST OFFICE BOX 1205 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.					
<b>SIGNATURE:</b> <u>Robert L. McGuire</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4-3-07 352-228-7158</b> <small>Date Daytime Phone #</small>	