

FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P01000042381

1. Entity Name

Joy BEE, Inc.



06 MAR 31 AM 9:33

Principal Place of Business

Mailing Address

10740 Forest Hill Rd
#116
West Palm Beach, FL. 33414 SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3756277

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONO, GREG
10721 OAK BEND WAY
WELLINGTON, FL. 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONO, GREGORY G	
STREET ADDRESS	10721 OAK BEND WAY	
CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLOODWORTH, JEFFREY J	
STREET ADDRESS	10240 FOREST HILL RD.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SIT	<input type="checkbox"/> Delete
NAME	BONO, LOUISE	
STREET ADDRESS	10721 OAK BEND WAY	
CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP	500070814465 04/18/06--01043--019 **150.00	
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STREET ADDRESS		
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:

GREG BONO

3-28-06 (561) 351-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #