2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000050319

1. Entity Name

BULLSEYE PUBLICATIONS, INC.



Principal Place of Business

112 E. 5TH AVE. HAVANNA, FL 32333 Mailing Address

112 E. 5TH AVE. HAVANNA, FL 32333

May 14, 2007 8:00 am Secretary of State 05-14-2007 90068 018 ***150.00

FILED

40111633



DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3720421

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, DUANA E 112 E. 5TH AVE. HAVANNA, FL 32333

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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.

CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE PALMER, DUANA E NAME STREET ADDRESS 112 E. 5TH AVE. HAVANNA, FL 32333 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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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 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: TIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR