## 2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 03, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000010097** 02-03-2005 90038 046 \*\*\*150.00 1. Entity Name B7 INC. Principal Place of Business Mailing Address 40011930 118 ATLANTIC BLVD 118 ATLANTIC BLVD SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address 118 Allantic us Allanti Suite, Apt, #, etc Suite, Apt. #. etc. 01052005 CR2E034 (10/03) 4. FEI Number Applied For 02-0542301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOUCHER, LAURENT Street Address (P.O. Box Number is Not Acceptable) 2639 PINEAPPLE AVENUE MELBOURNE, FL 32935 City 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) \$5.00 May Be After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change BOUCHER, LAURENT NAME NAME 2639 PINEAPPLE AVENUE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LEGUET, NATHALIE NAME NAME 2639 PINEAPPLE AVENUE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAMÈ NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delata TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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.

**FILED** 

Daytime Phone #