

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035738

Entity Name: BEST BUY BEADS, INC.

FILED  
Mar 02, 2007  
Secretary of State

## Current Principal Place of Business:

7581 LADSON TERRACE  
LAKE WORTH, FL 33467

## New Principal Place of Business:

110 E ATLANTIC AVE  
SUITE 235  
DELRAY BEACH, FL 33444

## Current Mailing Address:

7581 LADSON TERRACE  
LAKE WORTH, FL 33467

## New Mailing Address:

817 HAMPSHIRE HILL RD  
MATTHEWS, NC 28105

FEI Number: 01-0652055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TODISCO, LINDA  
7581 LADSON TERRACE  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

TODISCO, LINDA  
110 E ATLANTIC AVE  
SUITE 235  
DELRAY BEACH, FL 33444 US

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.

SIGNATURE:

03/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: JOSEPHSON, LAURA  
Address: 817 HAMPSHIRE HILL RD  
City-St-Zip: MATTHEWS, NC 28105

Title: DVPS ( ) Delete  
Name: TODISCO, LINDA  
Address: 7581 LADSON TERR  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVPS (X) Change ( ) Addition  
Name: TODISCO, LINDA  
Address: 507 PALMERSTON LANE  
City-St-Zip: WAXHAW, NC 28173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA JOSEPHSON

DPT

03/02/2007

Electronic Signature of Signing Officer or Director

Date