2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2006 8:00 am Secretary of State

m

Mailing Address 307 BENTIA STREET KISSIMMEE, FL 34744 308 DENTIA STREET KISSIMMEE, FL 34744 309 DENTIA STREET KISSIMMEE, FL 34744 309 DENTIA STREET KISSIMMEE, FL 34744 309 DENTIA STREET KISSIMMEE, FL 34744 301 DENTIA STREET KISSIMMEE, FL 34744 301 DENTIA STREET Cay & State Cay & Stat	1. Entity Name	MENT # P020000 BBBS, INC.)47751		05-15-2006 90039 026 r	***150.00
Principal Place of Business 3. Mailing Address Suite, Apr. 4, etc. City & State Country S. Confince of Status Desire 4. FEI Number 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (307 BENITA S	STREET	307 BENITA STREET	14	•	Jou.
Suite Apt. 4, 900. Suite Apt. 4, 900. Suite Applied For CAPP CAPP					_	
City S. State Country Zip Country Zip Country Zip Country Zip Country S. Country	·					U DUBL HEIDEN 17 LEEL
Address of Current Registered Agent Country S. Conflictate of Status Desired Status	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 Chg-P CR2E034 (11/05)
Security Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Feb Required Set Required	City & State		City & State			
GIBBS, CAROL Sireot Address of New Registered Agent Name Sireot Address of New Registered Agent Name Sireot Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireot Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireot Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of registered agent. City FL Zip Code Sireot Address of Rew Registered Agent Sireot Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireot Address of Rew Registered Agent Sireot Address of Rew Registered Agen	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.	75 Additional
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable in the obligations of registered agent agent or provide range of agent. SignaTurier. Sig		6. Name and Address of Cur	rent Registered Agent		<u> </u>	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	GIBBS, CA	ROL		Name		
City	307 BENITA STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Floride. I am familiar with, and accelerate the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accelerate the obligations of registered agent. Inc.	KIOOMINE	L, (C 04/44		C:h		7'- 0-4-
THE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees Added to Fees						<u></u>
INILE MANAE GIBBS, CAROL 307 BENITA STREET CITY St. 2IP KISSIMMEE, FL 34744 ITILE MANAE STREET ADDRESS CITY ST. 2IP I			•		\$5.00 May Be Added to Fees	····
MANE SIRRET ADDRESS OF BENITA STREET MANE SIRRET ADDRESS OF STREET ADDRESS OF STREE	10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11
INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET	TITLE NAME STREET ADDRESS ; CITY-ST-ZIP	GIBBS, CAROL 307 BENITA STREET	☐ Delete	NAME STREET ADDRESS		Change Additio
NAME STREET ADDRESS DITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	TITLE NAME Street address City-St-Zip		Delete	name Street address		Change Additio
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fforida Statutes. I further certify that the informatio 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	NAME STREET ADDRESS		Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 informatio 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADORESS		☐ Delete	NAME STREET ADDRESS		Change
NAME STREET ADDRESS CITY-ST-ZIP 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 informatio 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change Additio
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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	0	Change Addition
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proce #	indicated of the cor changed,	on this report or supplemental reporation or the receiver or trustee or on an attachment with an add	port is true and accurate and that empowered to execute this reportess, with all other like empowere	it my signature shall have ort as required by Chapte ed.	the same legal effect as if made under oath; that I am a 607, Florida Statutes; and that my name appears in Blo	n officer or director