

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078537

Entity Name: QUEEN BEAD INC.

FILED
Apr 22, 2006
Secretary of State

Current Principal Place of Business:

12644 SHORELINE DRIVE
SUITE 8C
WELLINGTON, FL 33414

New Principal Place of Business:

536 MARBELLA CIRCLE
NORTH PALM BEACH, FL 33403

Current Mailing Address:

12644 SHORELINE DRIVE
SUITE 8C
WELLINGTON, FL 33414

New Mailing Address:

536 MARBELLA CIRCLE
NORTH PALM BEACH, FL 33403

FEI Number: 01-0737458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKSON, LAUREN
12644 SHORELINE DRIVE #8-C
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BERKSON, LAUREN
536 MARBELLA CIRCLE
NORTH PALM BEACH, FL 33403 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:

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BERKSON, LAUREN
Address: 12644 SHORELINE DR., #8-C
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BERKSON, LAUREN
Address: 536 MARBELLA CIRCLE
City-St-Zip: NORTH PALM BEACH, FL 33403

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: LAUREN BERKSON

PSTD

04/22/2006

Electronic Signature of Signing Officer or Director

Date