

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000085748



1. Entity Name
THREE B CORP.

Principal Place of Business
258 SE 6TH AVENUE
SUITE 12
DELRAY BEACH, FL 33483

2. Principal Place of Business - No P.O. Box #
1730 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.
SUITE 274

City & State
DELRAY BEACH FL

Zip *33483* Country *USA* Zip *33483* Country *USA*

6. Name and Address of Current Registered Agent

DINLEY, PATRICK J
6140 VIA VENETIA SOUTH
DELRAY BCH, FL 33484

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 *PATRICK J. DINLEY*

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

(NOTE: Registered agent signature required when reinstating)

4-30-07

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DINLEY, PATRICK J
STREET ADDRESS 6140 VIA VENETIA SOUTH
CITY-ST-ZIP DELRAY BCH, FL 33484

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *PATRICK J. DINLEY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90059 044 ***150.00

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04262007 Chg-P CR2E034 (12/06)

4. FEI Number
36-4503846 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City *FL* Zip Code

4-30-07

561-279-7150

Date

Daytime Phone #