2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Aug 10, 2005 8:00 am Secretary of State DOCUMENT # P02000087070 1. Entity Name 08-10-2005 90016 047 \*\*\*150.00 BEJEWELED, INC. Principal Place of Business Mailing Address 12495 NW 67TH DRIVE 12495 NW 67TH DRIVE PARKLAND, FL 33076 PARKLAND, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07012005 Chg-P 4. FEI Number Applied For City & State City & State 55-0791258 Not Applicable Country \$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 NELSON, LISA Street Add **6112 NW 121ST AVENUE** CORAL SPRINGS, FL 33076 8. The above named entity sylfmits 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 **\$5.00** May Be FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ппе Change ■ Addition nn e D ☐ Delete NELSON, LISA NAME NAME 12495 NW 67th Drive STREET ADDRESS **6112 NW 121ST AVENUE** STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete DILE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CHTY-ST-ZIP CITY-ST-ZIP 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 appress, with all other like empowered.

FILED