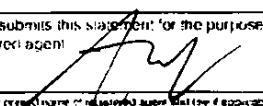
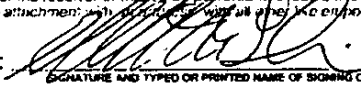


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-04-2007 90180 035 ***150.00

DOCUMENT # P02000106374			
1. Entity Name BEEZMOT, INC.			
Principal Place of Business 815 S. MIRAMARA AVE. (A1A) INDIALANTIC, FL 32903		Mailing Address 815 S. MIRAMARA AVE. (A1A) INDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04012007		Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IONASSETTI, A. JEFFREY 406 AGH STREET FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Scott Krashy 3041 S. Harbor City Blvd Suite 201 Melbourne, FL 32901	
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.		DATE 4/18/07	
SIGNATURE 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	P FISHER, ELIZABETH G 815 S. MIRAMARA AVE. (A1A) INDIALANTIC, FL 32903	FILE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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FILE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	FILE NAME STREET ADDRESS CITY-STATE-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 file 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 my name and all other like empowered.			
SIGNATURE: 		4.207 321-728-9334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	