

FILED
Jan 23, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000116899		
1. Entity Name THE DOWN THE STREET BEAD SHOW CORPORATION		
Principal Place of Business 421 W MINNESOTA AVE ORANGE CITY, FL 32763	Mailing Address 421 W MINNESOTA AVE ORANGE CITY, FL 32763	 01162006 No Chg-P CRZE034 (11/05) 4. FEI Number 06-1680027 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent QUETIER, AUDREY 421 W MINNESOTA AVE ORANGE CITY, FL 32763		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUETIER, AUDREY 421 W MINNESOTA AVE ORANGE CITY, FL 32763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, FREDRICK 421 W MINNESOTA AVE ORANGE CITY, FL 32763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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: <u>Audrey Quetier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/19/06</u> Daytime Phone # <u>386 774 2735</u>