

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000012575

1. Entity Name
SWEET PEAS' CHILDREN'S CONSIGNMENT BOUTIQUE,
INC.



Principal Place of Business

6572 SEMINOLE BLVD SUITE 7
SEMINOLE, FL 33772

Mailing Address

6572 SEMINOLE BLVD SUITE 7
SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

FILED
Apr 27, 2005 08:00 AM
Secretary of State



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2311919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEEM, BARBARA
144 131ST AVENUE CIRCLE
MADEIRA BEACH, FL 33708

**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

Barbara S. Beem 4/20/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BEEM, BARBARA S
STREET ADDRESS 144 131ST AVE. CIRCLE
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE V
NAME BEEM, STEVE
STREET ADDRESS 144 131ST AVE CIRCLE
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000333971
04/27/05-80024-018 150.00

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IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

Barbara S. Beem 4/20/05 227-344-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #