

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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**



03042006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2311919

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

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

Barbara S. Beem

(NOTE: Registered Agent signature required when reinstating)

4-22-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000001534903
05/08/06 00031-009 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Barbara S. Beem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara S. Beem

3/10/06
Date

727-399-2294
Daytime Phone #