

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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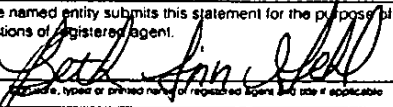
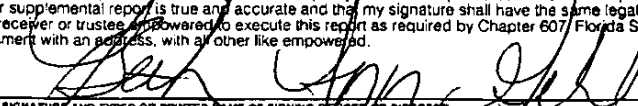
FILED
Jun 22, 2006 8:00 am
Secretary of State

05-03-2006 90221 020 ***150.00

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04142006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000039778			
1. Entity Name B.B.I. DESIGN, INC.			
Principal Place of Business 1084 BUSINESS LANE NAPLES, FL 34110		Mailing Address 2nd 27850 LIME STREET BONITA SPRINGS, FL 34135	
2. Principal Place of Business 1084 Business Lane		3. Mailing Address 290 Dundee Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State Fort Myers Beach, FL	
Zip 34110		Zip 33931	
Country USA		Country USA	
4. FEI Number 26-0063342		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 GEHL, BETH ANN 27850 LIME STREET BONITA SPRINGS, FL 34-1354		7. Name and Address of New Registered Agent Name GEHL, BETH ANN Street Address (P.O. Box Number is Not Acceptable) 290 Dundee Road City Fort Myers Beach FL Zip Code 33931	
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  (NOTE: Registered Agent signature required when re-registering) DATE			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEHL, BETH ANN 1455 RAILHEAD BLVD. #31 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GEHL, BETH ANN 1084 Business Lane NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.			
SIGNATURE: 		6/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	