


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90095 026 \*\*\*150.00

<b>DOCUMENT # P03000053548</b> 1. Entity Name <b>BEAD DESIGNS BY SONJA, INC.</b>																													
Principal Place of Business <b>2419 SW 4TH ST BOYNTON BEACH, FL 33435</b>			Mailing Address <b>2419 SW 4TH ST BOYNTON BEACH, FL 33435</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>MCGLINNEN, SONJA 2419 SW 4TH ST BOYNTON BEACH, FL 33435</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																									
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGLINNEN, SONJA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2419 SW 4TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33435</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	MCGLINNEN, SONJA		STREET ADDRESS	2419 SW 4TH ST		CITY-ST-ZIP	BOYNTON BEACH, FL 33435		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																											
NAME	MCGLINNEN, SONJA																												
STREET ADDRESS	2419 SW 4TH ST																												
CITY-ST-ZIP	BOYNTON BEACH, FL 33435																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	MCGLINNEN, JEFFERY		NAME																										
STREET ADDRESS	2419 SW 4TH ST		STREET ADDRESS																										
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME			NAME																										
STREET ADDRESS			STREET ADDRESS																										
CITY-ST-ZIP			CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME			NAME																										
STREET ADDRESS			STREET ADDRESS																										
CITY-ST-ZIP			CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME			NAME																										
STREET ADDRESS			STREET ADDRESS																										
CITY-ST-ZIP			CITY-ST-ZIP																										

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:** *Sonja McGlinnen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 (561) 734-2489  
 Date Daytime Phone #