APPROVED AND FILED

'04 OCT 18 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2004-90008-028-$150.00 $150.00

DOCUMENT# P03000098553

1. Entity Name
I AM A BIZZY BEE, INC.

P03000098553

Principal Place of Business	Mailing Address
9301 LIME BAY BLVD., #311 TAMARAC, FL 33321	9301 LIME BAY BLVD., #311 TAMARAC, FL 33321

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 571184818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH
8428 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: Ruth Liverpool
Street Address (P.O. Box Number is Not Acceptable): 4974 N. University Dr
City: Lauderhill FL Zip Code: 33351

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 Ruth Liverpool DATE 9-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAJOR, JACQUELINE 9301 LIME BAY BLVD., #311 TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200041936842 10/18/04--01058--007 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jacqueline Major 9-9-04 (954) 746-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #