2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P03000121539

Entity Name: BUZZY BEE CREATIONS CORP.

Current Principal Place of Business:

13600 ROANOKE STREET
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13600 ROANOKE STREET
DAVIE, FL 33325

New Mailing Address:

FEI Number: 43-2034542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINTANA, ORILIS
13600 ROANOKE STREET
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: QUINTANA, ORILIS
Address: 13600 ROANOKE STREET
City-St-Zip: DAVIE, FL 33325

Title: VP ( ) Delete
Name: QUINTANA, ODALYS
Address: 5910 DEVON LANE
City-St-Zip: DAVIE, FL 33331 US

Title: SC (X) Delete
Name: DE LA FE, ONIX
Address: 16041 SW 61 COURT
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: TR (X) Delete
Name: QUINTANA, OSIRIS
Address: 6250 GAUNTLET HALL LANE
City-St-Zip: DAVIE, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORILIS QUINTANA PSD 04/24/2008

Electronic Signature of Signing Officer or Director — Date