
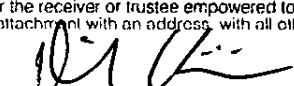


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90341 001 \*\*\*150.00  
04-29-2005 90341 002 \*\*\*\*70.00

<b>DOCUMENT # P03000121843</b> 1. Entity Name <b>BE SEEN SIGNS, INC.</b>					
Principal Place of Business <b>717 NW 8 COURT BOYNTON BEACH, FL 33426</b>			Mailing Address <b>717 NW 8 COURT BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business <b>375 NE 3RD STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>375 NE 3RD STREET</b> Suite, Apt. #, etc.			
City & State <b>Delray Bch, FL</b> Zip <b>33483</b> Country <b>Palm Bch</b>		City & State <b>Delray Bch, FL</b> Zip <b>33483</b> Country <b>Palm Beach</b>		4. FEI Number <b>11-3706579</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			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 reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KINNIKIN, DAVID</b> <b>717 NW 8 COURT</b> <b>BOYNTON BEACH, FL 33426</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>OFFICER</b> <b>KELDA RYAN</b> <b>1402 CORMORANT RD</b> <b>DELRAY Bch, FL 33483</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>OFFICER</b> <b>BRIAN THOMAS</b> <b>1402 CORMORANT RD</b> <b>DELRAY Bch, FL 33444</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date <b>4/26/05</b> <b>561</b> Daytime Phone # <b>278-7814</b>		