2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P0400006206 1. Entity Name B & D FRESH START, INC.									05-01-200	06 90449	043 ***15	0.00
Principal Place	e of Busines	S	Ma	Mailing Address				·				
				900 9TH AVE. EAST, #55 PALMETTO, FL 34221				I FRANCEAN TH		1 STIII FS IN SS IIS	r mille krekr metten f	-
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04202006	Chg-P	CR2E	E034 (11/05)	
City & State				City & State			4. FEI Number 76-0748523			N	pplied For lot Applicable	
Zip	p Country		'	Zip		Country		5. Certificate	of Status Desire	ed 🔲	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent								7. Name and	Address of Ne	w Registered	d Agent_	
RIELLE, BEATRICE R 900 9TH AVE. EAST, #55						Name Street Address (P.O. Box Number is Not Acceptable)						
PALMETTO				-								
			City					F	Zip Cod	de et		
			nent for the p	ourpose of changing its	register	l ed office or	register	ed agent, or bo	th, in the State o			, and accept
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees												
10.	DDT	OFFICERS	· · · · · · · · · · · · · · · · · · ·	11.			ADDITIONS	CHANGES TO	OFFICERS AN			
TITLE NAME	DPT Delete					IE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	900 9TH A		STREET ADDR							l		
TITLE NAME	DVPS	DONALD A		☐ Delete Tif		E DV		គ្ ទាររទារ	DOMALN	A	hange	Addition
STREET ADDRESS	· ·			STR		EET ADDRESS	900	9TH AV	CUALD ELHS	55		
CITY-ST-ZIP	PALMET	ΓO, FL 34221	Delete	CITY	-ST-ZIP E	94 0 5	LMET	TU FF	3422	Change	Addition	
NAME						NE	RIE	LE DE	NWIS :	3_/		
STREET ADDRESS CITY-S1-ZIP						EET ADORESS '-S1-ZIP	900 PAL	GTH AV METT	O FL	56 342.	2/	
TITLE NAME				☐ Delete	TITL	E			,		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STRE	EET ADDRESS						
TITLE				☐ Delete	TITL	Ŀ					☐ Change	Addition
NAME STREET ADDRESS					NAM STRI	ME Eet address						
CITY-ST-ZIP					CITY	'-ST-ZIP						
TITLE NAME	<u> </u>			☐ Delete	HTL NAM	i					Change	Addition
STREET ADDRESS CITY-ST-ZIP												į
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 all other like empowered.												
SIGNAT	UREX	SIGNATURE AND TYP	PED OR PRINTE	D NAME OF SIGNING OFFICER	LLO R OR DIREC	Ber Etor	tri	ceRR1	St/e	941	-447	-9736