


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90072 018 \*\*\*150.00

**DOCUMENT # P04000021737**

1. Entity Name  
**B & S THINGS, INC.**



Principal Place of Business  
**1700 WOODBURY RD. #908  
 ORLANDO, FL 32828**

Mailing Address  
**1700 WOODBURY RD. #908  
 ORLANDO, FL 32828**

2. Principal Place of Business  
**1700 WOODBURY RD.**

3. Mailing Address  
**1700 WOODBURY RD.**

Suite, Apt. #, etc.  
**APT. # 1804**

City & State  
**ORLANDO, FL.**

Zip  
**32828** Country **U.S.A.**



03122005 Chg-P CR2E034 (10/03)

4. FEI Number **57-1206668**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, MARILIANA  
 1700 WOODBURY RD. #908  
 ORLANDO, FL 32828**

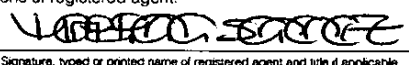
7. Name and Address of New Registered Agent

Name **SANCHEZ, MARILIANA**

Street Address (P.O. Box Number is Not Acceptable)  
**1700 WOODBURY RD. APT. # 1804**

City **ORLANDO** FL Zip Code **32828**

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  **MARILIANA SANCHEZ** **03/14/2005**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
|-------|--------------------|------------------------|-------------------|---------------------------------|
| D     | SANCHEZ, MARILIANA | 1700 WOODBURY RD. #908 | ORLANDO, FL 32828 | <input type="checkbox"/>        |
|       |                    |                        |                   | <input type="checkbox"/>        |
|       |                    |                        |                   | <input type="checkbox"/>        |
|       |                    |                        |                   | <input type="checkbox"/>        |
|       |                    |                        |                   | <input type="checkbox"/>        |
|       |                    |                        |                   | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS                | CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|-------------------------------|--------------------|--|-----------------------------------|
| D     | SANCHEZ, MARILIANA | 1700 WOODBURY RD. APT. # 1804 | ORLANDO, FL. 32828 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |                    |                               |                    | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                               |                    | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                               |                    | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                               |                    | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:  **MARILIANA SANCHEZ** **03/14/2005** **407-8959507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #