

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113436

Entity Name: BUZZIN BEE NURSERY, INC.

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 186
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

PO BOX 186
PIERSON, FL 32180

New Mailing Address:

FEI Number: 65-1230570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPLT, ROBERT
13 SEACREST DR
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

OPLT, ROBERT
13 SEAFARERS DR
ORMOND BEACH, FL 32176 US

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: ROBERT OPLT

02/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: OPLT, ROBERT
Address: 13 SEACREST DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VT () Delete
Name: PACE, FRED
Address: PO BOX 731124
City-St-Zip: ORMOND BEACH, FL 32173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: OPLT, ROBERT
Address: 13 SEAFARERS DR
City-St-Zip: ORMOND BEACH, FL 32176

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT OPLT

PS

02/01/2006

Electronic Signature of Signing Officer or Director

Date