

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90017 035 \*\*\*150.00

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07242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000010984</b> 1. Entity Name <b>TOTALLY BEADED, INC</b>					
Principal Place of Business <b>C/O ROBIN AGRONIN 13342 LAKEPOINT CIRCLE COOPER CITY, FL 33330</b>			Mailing Address <b>C/O ROBIN AGRONIN 13342 LAKEPOINT CIRCLE COOPER CITY, FL 33330</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-2324382</b>			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LIPPMAN, FREDRIK S 3325 HOLLYWOOD BOULEVARD SUITE #502 HOLLYWOOD, FL 33021</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>11712 S. Island Rd</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33026</b>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AGRONIN, ROBIN L 13342 LAKEPOINT CIRCLE COOPER CITY, FL 33330</b> <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	<b>D LIPPMAN, MARLENE Z 11712 ISLAND ROAD COOPER CITY, FL 33026</b> <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	
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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 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.					
<b>SIGNATURE:</b> <i>Marlene Z Lippman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/27/06</b> <small>Date</small>		

**DID NOT RECEIVE ORIGINAL NOTICE**