## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 06, 2008 8:00 am Secretary of State 05-06-2008 90039 009 \*\*\*150 00 **DOCUMENT # P05000059577** 1. Entity Name BEADING ELEMENTS, INC. 40000404 Principal Place of Business Mailing Address 4785 SWIFT RD 501 M. BENEVA RD 4785 SWIFT RD SARASOTA, FL 34231 SUITE 620 -SARASOTA, FL-34231-SARASOTA, FL 34232 01032008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2754195 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired ... 6. Name and Address of Current Registered Agent SCOTT, DANIEL E DO NOT WRITE 2033 MAIN STREET **SUITE 408** IN THIS SPACE SARASOTA, FL 34237 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, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HINESLEY, BRENDA L STREET ADDRESS 2949 HOMASASSA ROAD CITY-ST-Z!P SARASOTA, FL 34239 VSTD TITLE NAME DAVIDIAN, KAREN G STREET ADDRESS 2949 HOMASASSA ROAD CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE NAME STREET AUDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 attachma SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING OFFICER OR DIRECTOR

**FILED**