2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM DOCUMENT # P05000075340 **Secretary of State** 1. Entity Name BEAN COUNTERS OF COCONUT CREEK, INC. Principal Place of Business Mailing Address 5422 NW 50TH COURT 5422 NW 50TH COURT COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 CR2E034 (11/05) 01302007 Na Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2923995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Regulred 6. Name and Address of Current Registered Agent RODMAN, KARA L DO NOT WRITE **5422 NW 50TH COURT** COCONUT CREEK, FL 33073 IN THIS SPACE 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. Signature, typed or printed risme of registered agent and title if applicable, (NOTE: Registrated Agent argument as required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME RODMAN, KARA L U00000622157 STREET ADDRESS **5422 NW 50TH COURT** 02/13/07-80015-001 150.dn CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attacylment with a didness, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

30/07 954-571-213

FILED