



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90356 043 ***150.00

DOCUMENT # P05000095400 1. Entity Name BUELINGS, INC.					
Principal Place of Business 2630 W GRAND RESERVE CIRCLE #822 CLEARWATER, FL 33759 <i>10604 Deerberry Dr.</i>				Mailing Address 2630 W GRAND RESERVE CIRCLE #822 CLEARWATER, FL 33759	
2. Principal Place of Business 10604 Deerberry Drive Suite, Apt. #, etc. <i>Land O'Lakes</i>		3. Mailing Address 10604 Deerberry Drive Suite, Apt. #, etc.			
City & State Land O'Lakes, FL		City & State Land O'Lakes, FL		4. FEI Number 203133550	
Zip 34638		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUELING, SCOTT 2630 W GRAND RESERVE CIRCLE #822 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Bueling, Scott Street Address (P.O. Box Number is Not Acceptable) 10604 Deerberry Drive City Land O'Lakes FL Zip Code 34638	
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: Notarized Agent signature required when running) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BUELING, SCOTT <input checked="" type="checkbox"/> Delete	STREET ADDRESS 2630 W GRAND RESERVE CIRCLE #822		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Scott Bueling, Scott	
CITY-ST-ZIP CLEARWATER, FL 33759	CITY-ST-ZIP Land O'Lakes, FL 34638		STREET ADDRESS 10604 Deerberry Drive		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
SIGNATURE: <i>Scott Bueling</i> Scott Bueling <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-29-06 813 Daytime Phone # (813) 996-9630		