

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110865

FILED
Apr 27, 2006
Secretary of State

Entity Name: OI BABE BEE OF SAN MARCO, INC.

Current Principal Place of Business:

1534 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1534 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 11-3756512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENA KORIAL-YONAN, P.A.
9425 CRAVEN ROAD
SUITE 5
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLANK, SHARON
Address: 2765 MANDARIN MEADOWS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP () Delete
Name: BLANK, DENNIS
Address: 2765 MANDARIN MEADOWS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP () Delete
Name: BLANK, JESSICA
Address: 3664 WALSH STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP () Delete
Name: BLANK, ELIZABETH
Address: 4901 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S () Delete
Name: JENKINS, DIANE
Address: 1818 FARRUGUT ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHARON BLANK

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date