


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

04-17-2006 90404 007 ***150.00

DOCUMENT # P05000129576

1. Entity Name
B & B BLOCK, INC.



Principal Place of Business
**2200 HARBOR LIGHT LANE APT 210
WINTER PARK, FL 32792**

Mailing Address
**PO BOX 941531
MAITLAND, FL 32794-1531**

00010062



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

02062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3526052

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BEILKE, BRIAN R
2200 HARBOR LIGHT LANE APT 210
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Name
BEILKE, BRIAN R.

Street Address (P.O. Box Number is Not Acceptable)
130 SANTA CIRCLE

City
DAVENPORT, FL Zip Code
33897

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEILKE, BRIAN R 2200 HARBOR LIGHT LANE APT 210 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:  **4-18-06 321-388-8604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #