

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90016 045 \*\*\*150.00

40042606



03142007 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 130 SONJA CIRCLE Suite, Apt. #, etc.		3. Mailing Address 130 SONJA CIRCLE Suite, Apt. #, etc.		
City & State DAVENPORT, FL 33897		City & State DAVENPORT, FL 33897		
Zip 33897	Country US	Zip 33897	Country US	
4. FEI Number 20-3526052		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BEILKE, BRIAN R 130 SONJA CIRCLE DAVENPORT, FL 33897		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: Registered Agent signature required when reinstating) DATE _____				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BEILKE, BRIAN R STREET ADDRESS 2200 HARBOR LIGHT LANE APT 210 CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE D NAME BEILKE, BRIAN R STREET ADDRESS 130 SONJA CIRCLE CITY-ST-ZIP DAVENPORT, FL 33897	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____				