

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90190 030 \*\*\*150.00

<b>DOCUMENT # P05000150280</b> 1. Entity Name <b>BEADY BAUBLES, INC.</b>			
Principal Place of Business <b>4303 HYTHE CT. PALM HARBOR, FL 34685</b>		Mailing Address <b>4303 HYTHE CT. PALM HARBOR, FL 34685</b>	
2. Principal Place of Business <b>8922 SW 62 Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>8922 SW 62 Place</b> Suite, Apt. #, etc.	
City & State <b>Gainesville, FL</b> Zip <b>32608</b>		City & State <b>Gainesville, FL</b> Zip <b>32608</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>02-0758044</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERNANDEZ, MANUELA 4303 HYTHE CT. PALM HARBOR, FL 34685</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8922 SW 62 Place</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32608</b>	
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 <u><i>Manuela Fernandez</i></u> <b>4-24-06</b> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PT FERNANDEZ, MANUELA 4303 HYTHE CT. PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>8922 SW 62 Place Gainesville, FL 32608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V PEYTON, KAMI 4303 HYTHE CT. PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>8375 Kenningson Way Duluth, GA 30097</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S DANTUMA, KRISTIN 4303 HYTHE CT. PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>3007 Homestead Oaks Drive Clearwater, FL 33759</b>	<input checked="" 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: <u><i>Manuela Fernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>MANUELA Fernandez, Pres.</b>		<b>4-24-06</b> <b>352-505-3670</b> <small>Date Daytime Phone #</small>	