


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Aug 07, 2007 08:00 AM
Secretary of State

Dpt. of STATE

DOCUMENT # P05000163604 1. Entity Name FRIENDLY FRANKIES BS, INC.	
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Principal Place of Business P O BOX 156 CAPE CORAL, FL 33993	Mailing Address P O BOX 156 CAPE CORAL, FL 33993
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07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1152670	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

FRANK, RICHARD
2763 GEARY ST
MATLACHA, FL 33993

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANK, RICHARD
STREET ADDRESS	2763 GEARY ST
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	D
NAME	FRANK, ELIZABETH
STREET ADDRESS	2763 GEARY ST
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	VPD
NAME	FRANK, JOSEPH
STREET ADDRESS	P O BOX 156
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	SD
NAME	FRANK, MATTHEW
STREET ADDRESS	P O BOX 156
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	TD
NAME	FRANK, ANTHONY
STREET ADDRESS	P O BOX 156
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/07/07-80008-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

8-3-2007 3A-357-6720