


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90077 024 \*\*\*150.00

<b>DOCUMENT # P05000166049</b> 1. Entity Name <b>D'SEE B. INC.</b>					
Principal Place of Business <del>108 CORALWOOD CT</del> <b>KISSIMMEE, FL 34743</b>			Mailing Address <del>108 CORALWOOD CT</del> <b>KISSIMMEE, FL 34743</b>		
2. Principal Place of Business - No P.O. Box # <b>108 Coralwood circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>108 Coralwood Circle</b> Suite, Apt. #, etc.			
City & State <b>Kissimmee Florida</b> Zip Country <b>34743 Osceola</b>		City & State <b>Kissimmee, Florida</b> Zip Country <b>34743 Osceola</b>		4. FEI Number <b>20-4096885</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BODRE, MICHELE</b> <b>108 CORALWOOD CT</b> <b>KISSIMMEE, FL 34743</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>108 Coral Wood Circle</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34743</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>X E Bodre</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/27/07</u>					
<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 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODRE, ELIOTT <input type="checkbox"/> Delete 108 CORALWOOD CT KISSIMMEE, FL 34743				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BODRE, MICHELE <input type="checkbox"/> Delete 108 CORALWOOD CT KISSIMMEE, FL 34743				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BODRE, ELLIOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 CORALWOOD Circle				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 CORALWOOD circle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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>X E Bodre</u> <span style="float: right;">1/27/07 407-346-7292</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					