

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019080

Entity Name: BUCCANEER BEADS INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

3808 DR. M.L.K. BLVD. EAST  
BLDG. C SUITE A  
TAMPA, FL 33610 US

## New Principal Place of Business:

3808 EAST DR. M.L.K. BLVD.  
BLDG. C SUITE C  
TAMPA, FL 33610 US

## Current Mailing Address:

3808 DR. M.L.K. BLVD. EAST  
BLDG. C SUITE A  
TAMPA, FL 33610 US

## New Mailing Address:

3808 EAST DR. M.L.K. BLVD.  
BLDG. C SUITE C  
TAMPA, FL 33610 US

FEI Number: 14-1949387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMATO, LENORE L  
3808 DR. M.L.K. BLVD. EAST  
BLDG. C SUITE A  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

AMATO, LENORE L  
3808 EAST DR. M.L.K. BLVD.  
BLDG. C SUITE C  
TAMPA, FL 33610 US

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.

SIGNATURE:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAUANIO, JENNIFER A  
Address: 12628 LAKE VISTA DRIVE  
City-St-Zip: GIBSONTOWN, FL 33534 US

Title: VP ( ) Delete  
Name: AMATO, LENORE L  
Address: 10901 ELLIOT STREET  
City-St-Zip: RIVERVIEW, FL 33569 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE L AMATO

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date