

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037698

FILED
May 16, 2007
Secretary of State

Entity Name: KISSABEES INCORPORATED

Current Principal Place of Business:

1628 LONGBOW LANE
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1628 LONGBOW LANE
CLEARWATER, FL 33764 US

New Mailing Address:

175 2ND STREET SO. #1115
ST. PETERSBURG, FL 33701 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMENCRANZ, LISA E
1628 LONGBOW LANE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BLUMENCRANZ, LISA E
Address: 1628 LONGBOW LANE
City-St-Zip: CLEARWATER, FL 33764 US

Title: COO () Delete
Name: POWELL, TRACI L
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629 US

Title: PRES () Delete
Name: BLUMENCRANZ, LISA E
Address: 1628 LONGBOW LANE
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP () Delete
Name: POWELL, TRACI L
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629 US

Title: TRES () Delete
Name: BLUMENCRANZ, LISA E
Address: 1628 LONGBOW LANE
City-St-Zip: CLEARWATER, FL 33764 US

Title: SEC () Delete
Name: POWELL, TRACI L
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LISA E BLUMENCRANZ

CEO

05/16/2007

Electronic Signature of Signing Officer or Director

Date