2007 FOR PROFIT CORPORATION

Jan 22, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P06000125724 1. Entity Name 01-22-2007 90094 037 ***150.00 B'S, B'S, B'S, INC. Principal Place of Business Mailing Address **7518 HATTERAS DRIVE 7518 HATTERAS DRIVE** HUDSON, FL 34667 HUDSON, FL 34667 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 30-0394545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BROOKS, RICHARD M** Street Address (P.O. Box Number is Not Acceptable) 7518 HATTERAS DRIVE HUDSON, FL 34667 City Zip Code 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. 1-18-07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete MILE ☐ Change ☐ Addition TITLE BROOKS, RICHARD M NAME NAME 7518 HATTERAS DRIVE STREET ADDRESS STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TIRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete MUE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

MLF.

NAME

STREET ADORESS

☐ Delete

1-18-07

727-424-3631

☐ Change

■ Addition

FILED