

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90037 026 \*\*\*158.75

**DOCUMENT # P07000016471**

1. Entity Name

BEADROOM EYE CANDY INC.



Principal Place of Business

612 45TH ST E  
PALMETTO FL 34221

Mailing Address

612 45TH ST E  
PALMETTO FL 34221

2. Principal Place of Business - No P.O. Box #

1417 16th st W

3. Mailing Address

1417 16th st W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL 34205

City & State

Bradenton Florida

Zip

34205

Country

manatee

Zip

34205

Country

manatee

4. FEI Number

77-0671917

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

FREEMAN, MELODY  
612 45TH ST E  
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name  
Melody Freeman

Street Address (P.O. Box Number is Not Acceptable)

1417 16th st W

City Bradenton

FL 34205

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

*Melody Freeman*

4-25-08

Signature typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FREEMAN, MELODY  
612 45TH ST E  
PALMETTO FL 34221 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Melody Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/08

Telephone Phone #