2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000060687

1. Entity Name
BEA' CHELLES', INC.

Principal Place of Business	Mailing Address
99 EGLIN PARKWAY SUITE #23 FORT WALTON BEACH, FL 32548	99 EGLIN PARKWAY SUITE #23 FORT WALTON BEACH, FL 32548

66015879

07072008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 26-0223914   □ Applied For □ Not Applicable

5. Certificate of Status Desired   □   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIPSH, WHITNEY L 1283 NORTH EGLIN PARKWAY SUITE A SHALIMAR, FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. □	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	□ Delete	TITLE		□ Change □ Addition
NAME	COLLIN, BEATRICE		NAME		
STREET ADDRESS	99 EGLIN PARKWAY #23		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	VTD	□ Delete	TITLE		□ Change □ Addition
NAME	COLLINS, MICHELLE		NAME		
STREET ADDRESS	99 EGLIN PARKWAY #23		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			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.

SIGNATURE: _Beatrice G. Collin_   7/14/08   80-243-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #