FOR PROFIT CORPORATION

Apr 17, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400000 7/85 04-17-2002 90161 048 ***150.00 1. Entity Name Beausoliel EnTerprises INC. 831104 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 0846 1st wax North 10846 15T Way NorTh Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For City & State City & State TST. PeTersburg ST. Peters bura 593222958 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33716 Fee Required 33716 459 <u>usa</u> Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE NONTH 15T wax 10846 Zip Code 337/6 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 Fiorida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement, and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) PresideNT TITLE NAME Ernest Beausoliel NAME 10846 1ST Way NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. Peters burg Fl. 33716 VICE-President TITLE TITLE DIANNE BEQUSOLIEL NAME NAME STREET ADDRESS 10846 1 ST WAY NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Petersburg Fl 33716 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered

GNING OFFICER OR DIRECTOR

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP