

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074657

Entity Name: THE BEAD GYPSIES, INC.

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

1 BCH DR
1904
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470
ST PETERSBURG, FL 33731

New Mailing Address:

P.O. BOX 1956
ST PETERSBURG, FL 33731

FEI Number: 59-3273830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W ESQ
111 E MADISON ST
P.O. BOX 1531
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GOODWIN, JAMES W ESQ
111 E MADISON ST
TAMPA, FL 33602 US

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:

02/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLLAY, ELINOR
Address: 1 BEACH DRIVE #1904
City-St-Zip: ST PETERSBURG, FL 33701

Title: T () Delete
Name: BRASELL, REX
Address: 1 BEACH DRIVE #1904
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ELINOR GOLLAY

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date