

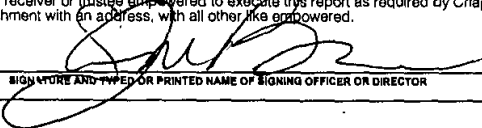


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

Jul 10
Se

DOCUMENT # P95000004891		
1. Entity Name BEA'S ENTERPRISES INTERNATIONAL, INC.		
Principal Place of Business 10646 HAVERFORD RD SUITE 7 JACKSONVILLE, FL 32218 US		Mailing Address 10646 HAVERFORD RD SUITE 7 JACKSONVILLE, FL 32218 US
DO NOT WRITE IN THIS SPACE		
		07052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3285950
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BEA, SHEREE M 10646 HAVERFORD RD SUITE 7 JACKSONVILLE, FL 32218		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000569062 07/11/06-80010-019 550.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BEA, SHEREE M 10646 HAVERFORD RD, SUITE 7 JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		7-5-06 904-742-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #