## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000032278

FILED Sep 06, 2006 Secretary of State

Entity Name: BONE ISLAND BOB, INC.	,
Current Principal Place of Business:	New Principal Place of Business:
430 GREENE STREET KEY WEST, FL 33040	
Current Mailing Address:	New Mailing Address:
430 GREENE STREET KEY WEST, FL 33040	
FEI Number: 65-0795537 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MILLS, PAUL 6200 2ND STREET KEY WEST, FL 33040 US	MILLS, PAUL 1541 FIFTH STREET KEY WEST, FL 33040 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	09/06/2006
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Election Campaign Financing Trust Fund Contribution ( ).	he prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         PS         ( ) Delete           Name:         MOORE, ROBERT           Address:         430 GREENE STREET           City-St-Zip:         KEY WEST, FL 33040	Title: P (X) Change ( ) Addition Name: MIANO, PAUL Address: 4647 ASHTON COURT, City-St-Zip: NAPLES, FL 33142
Title: ( ) Delete Name: Address: City-St-Zip:	Title: T ( ) Change (X) Addition Name: ALBA, GLEN Address: 37 FREEMAN AVENUE City-St-Zip: ISLIP, NY 11751
Title: ( ) Delete Name: Address:	Title: SEC ( ) Change (X) Addition Name: LABELLA, LARRY

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: PAUL MIANO P 09/06/2006