


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90035 043 \*\*\*158.75

<b>DOCUMENT # P97000091658</b>	
1. Entity Name <b>THREE BEES, INC.</b>	

Principal Place of Business <b>802 N 31 CT. HOLLYWOOD, FL 33021</b>	Mailing Address <b>802 N 31 CT. HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business - No P.O. Box # <b>2118 N. 32nd Avenue</b>	3. Mailing Address <b>2118 N. 32nd Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>
Zip <b>33021</b>	Country <b>USA</b>

04102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0819984</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KOWALSKY, DEBORAH S ESQ. 2501 HOLLYWOOD BLVD., STE. 206 HOLLYWOOD, FL 33020</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BESU, PAVEL 2201 N OCEAN BLVD FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BESU, PAVEL 2118 N. 32nd Avenue Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BESU, JOHN 802 N 31 CT. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BESU, JOHN 13826 NW 23 Street Pembroke Pines, FL 33028-2622 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BESU, ANA 2201 N OCEAN BLVD FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BESU, ANA 2118 N. 32nd Avenue Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pavel Besu **PAVEL BESU, PRES** 4/10/07 954-551-2285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #