2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002018

City-St-Zip:

DETROIT, MI 48227

FILED May 01, 2008 Secretary of State

Entity Nar	ne: BEARDI	ENTERPRISES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1717 E. BUSCH UNIT 607 TAMPA, FL 33612			1717 E. BUSCH BLV UNIT 607 TAMPA, FL 33612		
Current M	ailing Addre	ss:	New Mailing Addre	New Mailing Address:	
1717 E. BU UNIT 607 TAMPA, FI			1717 E. BUSCH BLV UNIT 607 TAMPA, FL 33612	/D	
FEI Number:	59-3489182	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
USACCOUNTING OFFICE 4815 E. BUSCH BLVD. STE. 207 TAMPA, FL 33617 US			BEARD, WILLIE 1717 E. BUSCH 607 TAMPA, FL 33612	1717 E. BUSCH	
	named entity e of Florida.	submits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATURE: WILLIE BEARD				05/01/2008	
	Electro	nic Signature of Registered Ager	nt	Date	
		93(2)(b), F.S., the corporation did not growing Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BEARD, WILLI 1717 E. BUSC TAMPA, FL 33	H UNIT #607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BEARD, KARE	TTERSON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (FOSTER, GLE 14367 PREVO		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: WILLIE BEARD Ρ 05/01/2008