2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # P99000036026 1. Entity Name BUSY BEE LOCK & KEY, INC. Principal Place of Business Mailing Address 2512 SWEETWATER TRAIL 2512 SWEETWATER TRAIL WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3573893 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKLIDGE, BARBARA K Street Address (P.O. Box Number is Not Acceptable) 2512 SWEETWATER TRAIL WINTER PARK FL 32789 City 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 Signature, typed or primed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME BLACKLIDGE, RALPH M NAME STREET ADDRESS 2512 SWEETWATER TRAIL STREET ADDRESS U00000552611 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP -150.00 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME BLACKLIDGE, BARBARA K 2512 SWEETWATER TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY - ST - ZIP TITLE _ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-71P TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP

SIGNATURE: MALE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Photos #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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