

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038369

Entity Name: BOBLBEE, INC.

FILED  
Jul 06, 2008  
Secretary of State

## Current Principal Place of Business:

4512 ANDREWS  
SUITE G  
NORTH LAS VEGAS, NV 89031

## Current Mailing Address:

4512 ANDREWS  
SUITE G  
NORTH LAS VEGAS, NV 89031

## New Principal Place of Business:

4512 ANDREWS  
SUITE G  
NORTH LAS VEGAS, NV 89081

## New Mailing Address:

4512 ANDREWS  
SUITE G  
NORTH LAS VEGAS, NV 89081

FEI Number: 65-0914522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHANDROSS, MICHAEL  
2300 W SAMPLE RD STE 202  
POMPANO BEACH, FL 33073 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BONNIER, SAM  
Address: 4512 ANDREWS ST, SUITE G  
City-St-Zip: NORTH LAS VEGAS, NV 89081

Title: S ( ) Delete  
Name: BONNIER, SAM  
Address: 4512 ANDREWS ST, SUITE G  
City-St-Zip: NORTH LAS VEGAS, NV 89081

Title: T ( ) Delete  
Name: BILLICK, MARA  
Address: 2601 RISING LEGEND WAY  
City-St-Zip: LAS VEGAS, NV 89106

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARA BILLICK

T

07/06/2008

Electronic Signature of Signing Officer or Director

Date