

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000056404

Entity Name: BBL ENTERPRISES INC.

FILED  
Nov 04, 2006  
Secretary of State

## Current Principal Place of Business:

314 SIGNATURE TERRACE  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

2519 MCMULLEN BOOTH RD.  
SUITE 510-198  
CLEARWATER, FL 33761

## Current Mailing Address:

2519 MCMULLEN BOOTH RD.  
510-198  
CLEARWATER, FL 33761

## New Mailing Address:

PO BOX 8107  
RANCHO SANTA FE, CA 92067

FEI Number: 13-4068817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, NINA  
2519 MCMULLEN BOOTH RD.  
SUITE 510-198  
CLEARWATER, FL 33761 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: NINA WELLS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WELLS, DAVID  
Address: 314 SIGNATURE TERRACE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ST ( ) Delete  
Name: WELLS, NINA  
Address: 314 SIGNATURE TERRACE  
City-St-Zip: SAFETY HARBOR, FL 34695

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WELLS, DAVID  
Address: PO BOX 8107  
City-St-Zip: RANCHO SANTA FE, CA 92067

Title: ST (X) Change ( ) Addition  
Name: WELLS, NINA  
Address: PO BOX 8107  
City-St-Zip: RANCHO SANTA FE, CA 92067

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: NINA WELLS

ST

11/04/2006

Electronic Signature of Signing Officer or Director

Date