


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # V26369
1. Entity Name
BLUE BEES CORP.



Principal Place of Business
**2070 RINGLING BLVD.
SARASOTA, FL 34237**

Mailing Address
**2070 RINGLING BLVD.
SARASOTA, FL 34237**

DO NOT WRITE IN THIS SPACE



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0328733

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CAUSEY, OMER S.
2070 RINGLING BLVD.
SARASOTA, FL 34237**

DO NOT WRITE IN THIS SPACE

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERB, F. STEVEN
STREET ADDRESS	5820 RIEGEL'S HARBOR RD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	DOOLEY, WILLIAM A
STREET ADDRESS	1333 LADUE LANE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	CAUSEY, OMER S
STREET ADDRESS	5782 OLD RANCH RD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80004-017 150.00

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: X Omer Causey **03/15/07** **(941) 300-7550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
OMER CAUSEY