## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V26369

Title: Name:

Address: City-St-Zip: CAUSEY, OMER S 129 MOUNTAIN VISTA DR.

RUTHERFORDTON, NC 28139

Entity Name: BLUE BEES CORP.

FILED Apr 21, 2011 Secretary of State

| Current Principal Place of Business:  |  |                                 | New Principal Place of Business:   |                                      |
|---|--|---------------------------------|------------------------------------|--------------------------------------|
|   | GLING BLVD.<br>A, FL 34237                                       |                                 |                                    |                                      |
| Current Mailing Address:  |  |                                 | New Mailing Address:               |                                      |
|   | GLING BLVD.<br>A, FL 34237                                       |                                 |                                    |                                      |
| FEI Number: 65-0328733 FEI Number Applied Fo  |  | FEI Number Applied For ( )      | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                                 |                                    |                                      |
|   | STEVEN<br>GLING BLVD.<br>'A, FL 34237                            | US                              |                                    |                                      |
|   | named entity so<br>of Florida.                                   | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATUF  | RE:  |                                 |                                    |                                      |
|   | Electroni  | c Signature of Registered Age   | ent                                | Date                                 |
| OFFICERS  | S AND DIRECT   | ORS:                            |                                    |                                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D<br>HERB, F. STEVEN<br>5820 RIEGEL'S HARBOR RD.<br>SARASOTA, FL |                                 |                                    |                                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D<br>DOOLEY, WILLI<br>1333 LADUE LAI<br>SARASOTA, FL             |                                 |                                    |                                      |

I hereby 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 all other like empowered.

SIGNATURE: F. STEVEN HERB DIR 04/21/2011