2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # V46777 1. Entity Name BUSY LITTLE BEES. INC. Principal Place of Business Mailing Address 4330 82ND AVE. N. 4330 82ND AVE. N. PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 33781 No Chg-P CR2E034 (10/03) 04272005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3127952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUZELL, CAROL A. DO NOT WRITE 4330 82ND AVE. N. PINELLAS PARK, FL 33781 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000357393 05/04/05-80072-013 150.00 GUZELL, CAROL A. NAME 4330 82ND AVE. N. STREET ADDRESS PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

438-3207

FILED