


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/25/2006-90003-035-S158.75-S158.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 25 PM 1:00

DOCUMENT # P03000094905			
1. Entity Name BOUT A BEAN, INC			
Principal Place of Business 1425 TOMOKA FARMS RD DAYTONA BEACH, FL 32124 US		Mailing Address 1515 RIDGEWOOD AVE STE A HOLLY HILL, FL 32117 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE SUITE A HOLLY HILL, FL 32117		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>J. Joe Loguidice</i>		DATE: <i>7/7/06</i>	
SIGNATURE (NOTE: Registered Agent signature required when reappointed)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
OTTAVIANO, ELLYN	<input checked="" type="checkbox"/> Delete	OTTAVIANO, ELLYN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1645 DUNLAWTON AVENUE, APT 221		1418 Cherton Cir	
PORT ORANGE, FL 32127		GRAYSCALE FL 32909	
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: <i>Ellyn R Ottaviano</i>		Date: <i>Aug 15, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: <i>795-9668</i>	