

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004774

FILED
Feb 09, 2006
Secretary of State

Entity Name: STREET BEAT, INCORPORATED

Current Principal Place of Business:

103 N W 10TH AVE, 2ND FLOOR
SOUTH BAY, FL 33493

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 972
SOUTH BAY, FL 33493 US

New Mailing Address:

FEI Number: 65-0646408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, KENNETH K JR
1101 CHORUS WAY
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

JACKSON, KENNETH K JR
1616 E. MAIN STREET
PAHOKEE, FL 33476 US

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: KENNETH JACKSON, JNR.

02/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEITA, ANDREW
Address: 14079 82ND LANE, NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: HARRIOTT, DESMOND
Address: 102 BROOK WOOD WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: GERBER, SANDRA
Address: 1125 SOUTH MAIN ST., UNIT #4
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: JACKSON, MICHAEL
Address: 335 SW 2ND AVENUE
City-St-Zip: SOUTH BAY, FL 33493

Title: T () Delete
Name: EDWARDS, MATILDA
Address: P. O. BOX 246, 755 N.W. 2ND ST.
City-St-Zip: SOUTH BAY, FL 33493

Title: D () Delete
Name: JOHNSON,, LINDA
Address: PO BOX 644, 160 NW 7TH AVE
City-St-Zip: SOUTH BAY, FL 33493

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOWDELL, MARJORIE
Address: 316 NW 12TH DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW NEITA

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date