2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018592

Title:

Name:

Address: City-St-Zip: () Delete

SANTA ROSA BEACH, FL 32459

FULLERTON, JEANE W

3906 HWY 98 WEST STE 5

Entity Name: A-1 BEACH REALTY, INC.

FILED Apr 12, 2005 Secretary of State

		5111(E) (E11, IIV).					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3906 HWY) COAST PLAZ / 98 WEST SU OSA BCH, FL	ITE 5					
Current Mailing Address:			New Maili	New Mailing Address:			
3906 HWY) COAST PLAZ / 98 WEST SU OSA BCH, FL	ITE 5					
FEI Number	: 56-2431461	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
765 OVER FORT WA	NGA, ALICIA RBROOK DR LTON BEACH	, FL 32548 US submits this statement for the	nurnose of changing i	ts registered	l office or registered agent o	r both	
	e of Florida.	submits this statement for the	purpose of changing i	is registered	roffice of registered agent, o	i botii,	
SIGNATUI	RE:						
	Electron	nic Signature of Registered A	gent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SYLVEST, EVE 107 VIRGINIA I		Title: Name: Address: City-St-Zip:	BENCIVENG 201 HONEY	(X) Change()Addition A, ALICIA FREE LANE S.W. ON BCH, FL 32548		
Title: Name: Address: Citv-St-Zip:	BENCIVENGA, 201 HONEYTR		Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALICIA BENCIVENGA P 04/12/2005

() Change () Addition