2005 FOR PROFIT CORPORATION

Jul 14, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P93000005597 1. Entity Name STEP FROM THE BEACH, INC. Mailing Address Principal Place of Business _ 2008 S ATLANTIC AVE 1026 MAIN STREET DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH, FL 32118 No Chg-P CR2E034 (10/03) 07062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3169737 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VAN HOUTEN, MICHAEL A 114 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114 IN THIS SPACE 3. 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 whon reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE GHOBEIRA, CHARLES NAME STREET ADDRESS 1237 SUNNINGDALE LN ORMOND BEACH, FL 32118 CITY-ST-ZIP TITLE CASEY, MAGEE NAME U00000372849 07/14/05-80011-007 150.00 1237 SUNNIMGDALE LN STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 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 of 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 CITY-ST-ZIP

SIGNATURE AND OFFICE OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

27-11-05

Daytime Phone #

FILED