


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90548 048 ***150.00

DOCUMENT # P93000072969	
1. Entity Name BEACON COMPANIES OF INDIAN RIVER, INC.	

Principal Place of Business 1480 WYN COVE DRIVE VERO BEACH, FL 32963	Mailing Address 1480 WYN COVE DRIVE VERO BEACH, FL 32963
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14014953



2. Principal Place of Business	3. Mailing Address P.O. Box 4076
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State	City & State Vero Beach FL
Zip	Country
32963	

4. FEI Number 59-3230680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMOND, KATHARINE R 1405 21ST STREET VERO BEACH, FL 32960	
7. Name and Address of New Registered Agent Name Casares, Manuel Street Address (P.O. Box Number is Not Acceptable) 1610 N 42 Cir #210 City Vero Beach FL Zip Code 32967	

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 *Manuel Casares* DATE 4-29-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ck # 585	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME CASARES, MANUEL J		NAME	
STREET ADDRESS 1480 WYN COVE DRIVE		STREET ADDRESS 1610 N 42 Cir #210	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP Vero Beach FL 32967	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASARES, KATHERINE H		NAME	
STREET ADDRESS 1480 WYN COVE DR.		STREET ADDRESS	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP	
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	
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	
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	

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: *Manuel Casares* DATE 4-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #