

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 15 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262008 Chg-P CR2E034 (12/06)

DOCUMENT #V37515 1. Entity Name BEACHFRONT PROPERTIES, INC.	
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Principal Place of Business 3200 TAMIAMI TRL N. SUITE 200 NAPLES, FL 34103 US	Mailing Address 3200 TAMIAMI TRL N. SUITE 200 NAPLES, FL 34103 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 65-0335882	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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Country	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODWARD, MARK J. 32000 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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, 2008 Fee will be \$550.00	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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINARDO, ANTHONY		NAME	900123531909	
STREET ADDRESS	8156 FIDDLER'S CREEK PARKWAY		STREET ADDRESS	04/15/08--01023--001	**150.00
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	S 900123531909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARISI, JOSEPH L		NAME	04/15/08--01023--022	**192.50
STREET ADDRESS	8156 FIDDLER'S CREEK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J		NAME		
STREET ADDRESS	8156 FIDDLER'S CREEK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		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 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:	3/27/08	(239) 732-9400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Joseph Livio Parisi, as Director	<small>Date</small>	<small>Daytime Phone #</small>

4/1/08