2008 FOR PROFIT CORPORATION

SIGNATURE:

FILED Jun 16, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #283180** 1. Entity Name **BEVERLY HILLS INC** Principal Place of Business Mailing Address C/O JAMES M. HARTLEY C/O JAMES M. HARTLEY 450 N PARK RD #710 450 N PARK RD #710 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US Mailing Address 2. Principal Place of Ausiness, No P.O. Box # 3790 Suite, Apt. #, etc. 06052008 Cha-P CR2E034 (12/06) 4. FEI Number Applied For <u>11</u>VW00d 59-1085698 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 302 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYSON, RUSSELL M. Street Address (P.O. Box Number is Not Acceptable) 450 N PARK RD HOLLYWOOD, FL 33021 City Zip Code 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. 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE X Delete TITLE ☐ Addition Hartley Jr., James M. 3790 Atlanta Street NAME HARTLEY, JAMES M NAME STREET ADDRESS 450 N PARK RD #710 STREET ADDRESS Hollywood, FL 33021 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME HAYSON, RUSSELL M. NAME STREET ADDRESS 450 N PARK RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL CITY -ST - ZIP THUE Delete TITLE Change Addition GIBSON, SALLY S NAME NAME 163 STANTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10002 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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