## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 370465**

Title:

Name:

Address:

City-St-Zip:

Entity Name: BEACON ELECTRONIC ASSOCIATES, INC.

FILED May 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5887 GLEN ATLANTA,	IRIDGE DRIVE GA 30328	E, SUITE #130 US			
Current Mailing Address:			New Mailing Address:		
5887 GLEN ATLANTA,	IRIDGE DRIVE GA 30328	E, SUITE #130 US			
FEI Number:	59-1305439	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	RUCE D NVILLE ROAD SSEE, FL 3230	9 US			
The above in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SMITH, TERRY	GE DRIVE, SUITE 130	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FARRELL, MICH	GE DRIVE, SUITE 130	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CUVIELLO, PAN	GE DRIVE, SUITE 130	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAMELA J. CUVIELLO S 05/06/2008

() Delete

5887 GLENRIDGE DRIVE, SUITE 130

BORI, CARLOS P

ATLANTA, GA 30328 US

() Change () Addition