2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 370465

Entity Name: BEACON ELECTRONIC ASSOCIATES, INC.

Current Principal Place of Business:

5887 GLENRIDGE DRIVE, SUITE #130
ATLANTA, GA 30328 US

New Principal Place of Business:

5887 GLENRIDGE DRIVE
SUITE 130
ATLANTA, GA 30328 US

Current Mailing Address:

5887 GLENRIDGE DRIVE, SUITE #130
ATLANTA, GA 30328 US

New Mailing Address:

5887 GLENRIDGE DRIVE
SUITE 130
ATLANTA, GA 30328 US

FEI Number: 59-1305439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOULE, BRUCE D
7075 GRENVILLE ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SMITH, TERRY P
Address: 5887 GLENRIDGE DRIVE, SUITE 130
City-St-Zip: ATLANTA, GA 30328 US

Title: VD ( ) Delete
Name: FARRELL, MICHAEL J
Address: 5887 GLENRIDGE DRIVE, SUITE 130
City-St-Zip: ATLANTA, GA 30328 US

Title: S ( ) Delete
Name: CUVIELLO, PAMELA J
Address: 5887 GLENRIDGE DRIVE, SUITE 130
City-St-Zip: ATLANTA, GA 30328 US

Title: P ( ) Delete
Name: BORI, CARLOS P
Address: 5887 GLENRIDGE DRIVE, SUITE 130
City-St-Zip: ATLANTA, GA 30328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PAMELA J. CUVIELLO S 03/24/2009

Electronic Signature of Signing Officer or Director — Date