2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2006 08:00 AM Secretary of State **DOCUMENT # 437453** 1. Entity Name THE BEACH SHOP, INC. Principal Place of Business - Mailing Address 3328 OCEAN DRIVE VERO BEACH FL 32963-1959 3328 OCEAN DRIVE VERO BEACH FL 32963-1959 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1492667 Not Applicant Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIRELEY, MARTHA E Street Address (P.O. Box Number is Not Acceptable) 3328 OCEAN DRIVE VERO BEACH FL 32963 City 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 access the obligations of registered agent SIGNATURE Signature, typied or printed name of registered agent and fitto it applicable (NOTE Registered Agent signature required when revisibility) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Ba After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete THE Change Addition. BIRELEY, MARTHA E NAME NAME STREET ADDRESS 3328 OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-SY-219 TITLE Delete TITLE ☐ Change ☐ Addition NAME BIRELEY, MARTHA E NAME U00000435803 STREET ADDRESS 3328 OCEAN DRIVE STREET ADDRESS 02/27/06-80007-007 150.00 CITY-ST-ZIP VERO BEACH FL 32963 CITY-SE-ZIP THIC | Natetr 7111 F ☐ Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TETLE Detete TIB E ☐ Change Addition NAME STREET ADDRESS STREET AODRESS City-St-709 City-ST-ZIP THIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addiù 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 quality for the exemptions contained in Section 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 cath, 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 do an attachment with an address, with all other like empowered.

SIGNATURE: Trus the Effectly MARTHA I. BIRELEY, PRESIDENT R. OG. OG. 772-231-4693

**FILED**