

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 04, 2007  
Secretary of State**

DOCUMENT# 622906

Entity Name: BEACON GROUP, INC.

**Current Principal Place of Business:**

6001 BROKEN SOUND PKWY NW  
SUITE 500  
BOCA RATON, FL 334872730 US

**New Principal Place of Business:**

**Current Mailing Address:**

6001 BROKEN SOUND PKWY NW  
SUITE 500  
BOCA RATON, FL 334872730 US

**New Mailing Address:**

FEI Number: 59-1917456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRESBACK, DONALD E  
6001 BROKEN SOUND PKWY NW  
SUITE 500  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ROLLINS, ROBERT K JR,  
Address: 6001 BROKEN SOUND PWKY NW S500  
City-St-Zip: BOCA RATON, FL 334872730

Title: VSD ( ) Delete  
Name: DRESBACK, DONALD E,  
Address: 6001 BROKEN SOUND PKWY NW S500  
City-St-Zip: BOCA RATON, FL 334872730

Title: V ( ) Delete  
Name: ROTMAN, JOHL K  
Address: 6001 BROKEN SOUND PKWY NW 8500  
City-St-Zip: BOCA RATON, FL 334872730

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: V ( ) Change (X) Addition  
Name: WURST, RICHARD S  
Address: 6001 BROKEN SOUND PKWY NW 500  
City-St-Zip: BOCA RATON, FL 334872730 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DON DRESBACK

VSD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date