

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 647150

FILED
Feb 06, 2007
Secretary of State

Entity Name: BEAMONT INTERNATIONAL LTD., COMPANY.

Current Principal Place of Business:

2546 COUNTRY GOLF DRIVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

2546 COUNTRY GOLF DRIVE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2040496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBEL, BEATRICE
2546 COUNTRY GOLF DRIVE
WELLINGTON, FL 33414 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: P () Delete
Name: SOBEL, BEATRICE,
Address: 2546 COUNTRY GOLF DR
City-St-Zip: WELLINGTON, FL

Title: S () Delete
Name: SOBEL-ROSS, IRENE
Address: 1 WILLOWS LANE
City-St-Zip: WHITE PLAINS, NY 10605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SOBEL-ROSS, IRENE
Address: 89 DAVIS HILL ROAD
City-St-Zip: WESTON, CT 06883

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: BEATRICE SOBEL

PRES

02/06/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date