2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# F02000003370

Entity Name: CHERRINGTON BEACHCLEANERS INC.

Current Principal Place of Business:

1805 2ND AVENUE S.W.
JAMESTOWN, ND 58401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2135
JAMESTOWN, ND 584022135

New Mailing Address:

FEI Number: 80-0014390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MCPHERSON, MICHAEL G
Address: 515 8TH AVENUE S.W.
City-St-Zip: JAMESTOWN, ND 58401

Title: V ( ) Delete
Name: MCPHERSON, MARK
Address: 2209 4TH STREET N.E.
City-St-Zip: JAMESTOWN, ND 58401

Title: ST ( ) Delete
Name: LUNDE, KIMBERLY K
Address: 1605 7TH AVE. S.E.
City-St-Zip: JAMESTOWN, ND 58401

Title: CD ( ) Delete
Name: MCPHERSON, MARION E
Address: 110 18TH AVE. N.E.
City-St-Zip: JAMESTOWN, ND 58401

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 for the exemption stated in Section 119.07(3)(i), 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: KIMBERLY LUNDE ST 01/20/2005

Electronic Signature of Signing Officer or Director — Date