

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90075 012 ***150.00

DOCUMENT # F04000002616 1. Entity Name BEACHWALK, INC.			
Principal Place of Business 2023 N. ATLANTIC AVE. #235 COCOA BEACH, FL 32931		Mailing Address 2023 N. ATLANTIC AVE. #235 COCOA BEACH, FL 32931	
2. Principal Place of Business 6767 N. Wickham Rd Suite, Apt. #, etc. Suite 400 City & State Melbourne FL Zip 32940		3. Mailing Address 6767 N. Wickham Rd Suite, Apt. #, etc. Suite 400 City & State Melbourne FL Zip 32940	
4. FEI Number 03-0537291		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEWITT, CAROLYN 222 N. ATLANTIC AVE. COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 6767 N. Wickham Rd Suite 400 City Melbourne FL Zip Code 32940	
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 accept the obligations of registered agent. SIGNATURE: DATE: 1/27/06 Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC ☐ Delete HEWITT, CAROLYN 1605 MINUTEMEN CSWY #118 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: 1/27/06 Daytime Phone # _____	