2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006968

Entity Name: J.G.A. BEACON, INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE LAKELAND PARK DRIVE PEABODY, MA 01960 **Current Mailing Address: New Mailing Address:** ONE LAKELAND PARK DRIVE PEABODY, MA 01960 FEI Number: 84-1663264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BUCK, ROBERT R Name: Name: ONE LAKELAND PARK DRIVE Address: Address: PEABODY, MA 01960 City-St-Zip: City-St-Zip: **VPST** Title: Title: () Delete **VPTR** (X) Change () Addition Name: GRACE, DAVID R Name: GRACE, DAVID R ONE LAKELAND PARK DRIVE ONE LAKELAND PARK DRIVE Address: Address: PEABODY, MA 01960 PEABODY, MA 01960 City-St-Zip: City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition BLACKBURN, JOHN WADE, SCOTT Name: Name: ONE LAKELAND PARK DRIVE ONE LAKELAND PARK DRIVE Address: Address: City-St-Zip: PEABODY, MA 01960 City-St-Zip: PEABODY, MA 01960 Title: () Delete Title: () Change () Addition WELKER, RICK Name: Name: Address: ONE LAKELAND PARK DRIVE Address: City-St-Zip: PEABODY, MA 01960 City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition Name: Name: COOPER, ROSS D Address: ONE LAKELAND PARK DRIVE Address: PEABODY, MA 01960 City-St-Zip: City-St-Zip:

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: DAVID R GRACE VPTR 02/22/2007