2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40193

FILED Jan 24, 2009 Secretary of State

Entity Name: BEVERLY BEACH ENTERPRISES, INC.

Current Principal Place of Business: New Principal Place of Business: 2816 N. OCEANSHORE BLVD. 2816 N. OCEANSHORE BLVD. P.O. BOX 1048 FLAGLER BCH, FL 32136 FLAGLER BCH, FL 32136 US **New Mailing Address: Current Mailing Address:** P O BOX 1048 FLAGLER BCH, FL 32136 US FEI Number: 59-2102024 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: PALMETTO CHARTER SERVICES, INC. SUITE 920, 444 SEABREEZE BLVD. DAYTONA BEACH, FL 32018 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 () Change () Addition PARIKH, MADHU, Name: Name: 1519 OAK FOREST DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: Title: TD () Delete () Change () Addition Name: PATEL, MAHESH, Name: 29 RUBBLY RD. Address: Address: WENHAM, MA City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition PATEL, SIDDHARTH J., Name: Name: 18 ROCKY BLUFF DR Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, KRISHNA S Name: Name: Address: 18 ROCKY BLUFF DR Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SIDDHARTH J. PATEL PD 01/24/2009