


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State


04-10-2007 90017 026 ***150.00

DOCUMENT # F94000006597 1. Entity Name BEACH ENGINEERING, INC.	
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Principal Place of Business 9085 SW HWY 200 OCALA, FL 34481	Mailing Address 9085 SW HWY 200 OCALA, FL 34481
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DO NOT WRITE IN THIS SPACE

40055510



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-0334189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHRISTENSEN, ANNE M
9085 SW HWY 200
OCALA, FL 34481**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTENSEN, EVAN 4715 GRANT MILLS DR LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRISTENSEN, DANA 19898 SW 75TH ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHRISTENSEN, ANNE M 19527 SW 86TH LN DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENSEN, DAVID D 9147 SW 197TH CIR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Dana Christensen* **4-7-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #