2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # F97000001207** BEACON VENTURE MANAGEMENT CORPORATION II Principal Place of Business Mailing Address 78 EMERALD OAKS LANE 78 EMERALD OAKS LANE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 No Chg-P 01242005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 04-3302109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be U00000355104 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 05/03/05-80134-013 150.00 OFFICERS AND DIRECTORS 10, TITLE NAME NOLFI, FRANK V JR 78 EMERALD OAKS LN. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NOLFI, FRANK V JR NAME 78 EMERALD OAKS LN. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 A STATE OF THE STA TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 empoyered to expoute 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 attachreeft with an address with all playing like empoyered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29,04,05

FILED

386.675.780