


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 013 ***150.00

DOCUMENT # F99000003117	
1. Entity Name BEACON INDUSTRIES WORLDWIDE INC.	

Principal Place of Business 5610 NW 12TH AVE SUITE 209 FT. LAUDERDALE FL 33309	Mailing Address 5610 NW 12TH AVE SUITE 209 FT. LAUDERDALE FL 33309
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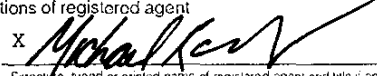
2. Principal Place of Business - No P O Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 52-2214253		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 WIENER, DAMON A GEN CSL 5610 NW 12TH AVE SUITE 209 FT. LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Michael Kevin O'Brien Street Address (P O Box Number is Not Acceptable) 5610 NW 12th Ave Suite 209 City Fort Lauderdale FL Zip Code 33309
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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 ☒  Michael Kevin O'Brien, President 2/27/2007 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES O'BRIEN, MICHAEL K 5610 NW 12TH AVE, SUITE 209 FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RILLSTONE, HERBERT G 5610 NW 12TH AVE, SUITE 209 FT. LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Elaine F. Stein 488 Madison Ave, New York NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ☒  Michael Kevin O'Brien, President 2/27/2007 888-722-3824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #