2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24676

Entity Name: THE BEACHES LEADER, INC.

FILED Mar 06, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1114 BEACH BLVD JACKSONVILLE BCH, FL 32250

Current Mailing Address: New Mailing Address:

1114 BEACH BLVD JACKSONVILLE BCH, FL 32250

FEI Number: 59-2259316 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:

WOOD, THOMAS H. 1114 BÉACH BLVD. JACKSONVILLE BEACH, FL 32250 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: DPAS () Delete Title: **PRFS** (X) Change () Addition

WOOD, THOMAS H Name: Name: WOOD, THOMAS H 26 SOLONO ROAD 26 SOLONO ROAD Address: Address:

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVTS Title: **VPTR** () Delete (X) Change () Addition

WISE, JENNIFER W Name: Name: WISE, JENNIFER W 312 SAWMILL LANE 312 SAWMILL LANE Address: Address:

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip:

Title: VPSC Title: DVPS () Delete (X) Change () Addition

STEPP, KAREN Name: STEPP, KAREN Name: 461 BIG TREE ROAD 461 BIG TREE ROAD Address: Address:

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: THOMAS H. WOOD **PRES** 03/06/2008