


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # H96575 1. Entity Name BEACON MANAGEMENT, INC.	
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Principal Place of Business 1114 SANTA ROSA BLVD. FORT WALTON BEACH, FL 32548	Mailing Address 1114 SANTA ROSA BLVD. FORT WALTON BEACH, FL 32548
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2637396	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

CORSENTINO, CHARLES A  
 1114 SANTA ROSA BV  
 FT WALTON BCH, FL 32548

**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 \_\_\_\_\_ 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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORSENTINO, CHARLES A. 1114 SANTA ROSA BLVD FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CORSENTINO, CINDY K 1114 SANTA ROSA BV FT WALTON BCH, FL
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 05/22/07-80086-024 150.00

**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: Charles A. Corsentino, President Date: 4/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-244-5200