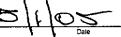
2005 FOR PROFIT CORPORATION

ANNUAL REPORT May 05, 2005 08:00 AM Secretary of State DOCUMENT # H98873 1. Entity Name SUGAR BEACH INTERIORS, INC. Principal Place of Business Mailing Address 11974 US HWY 98 W 11974 US HWY 98 W DESTIN, FL 32550 DESTIN, FL 32550 05032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2639463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATERFIELD, KAREN L DO NOT WRITE 4397 OLD BAYOU TRAIL DESTIN, FL 32541 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE WATERFIELD, KAREN L NAME 4397 OLD BAYOU TRAIL STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP U00000362877 05/05/05-80136-014 150.00 DST TITLE WATERFIELD, E.B. JR. NAME 4397 OLD BAYOU TRAIL STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



Daylime Phone #

FILED