


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K18570
 1. Entity Name
 MAD-BEACH, INC.



Principal Place of Business 15031 GULF BLVD. SAINT PETERSBURG, FL 33708 US	Mailing Address 2471 MCMULLEN BOOTH RD 316 CLEARWATER, FL 33759 US
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2887365	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LASALLA, MICHAEL
 2471 MCMULLEN BOOTH RD
 316
 CLEARWATER, FL 33759

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000152932
 05/04/04-80106-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASALLA, MICHAEL 2471 MCMULLEN BOOTH RD, 316 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTGOMERY, THOMAS, G 2471 MCMULLEN BOOTH RD, 316 CLEARWATER, FL 33759
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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: Michael J. Lasalla 4/28/04 1277249559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #