

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77804

FILED
Jan 21, 2009
Secretary of State

Entity Name: BEACHSIDE TOY STORE, INC.

Current Principal Place of Business:

936 PINETREE DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

1916 HWY A1A
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

936 PINETREE DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

1916 HWY A1A
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-2941487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNGERFORD, CLAIRE B
936 PINETREE DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

NICHOLSON, STEPHANIE J
1916 HWY A1A
INDIAN HARBOUR BEACH, FL 32937 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: STEPHANIE J NICHOLSON

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HUNGERFORD, CLAIRE B
Address: 10205 HWY 280
City-St-Zip: CLAXTON, GA 30417

Title: T () Delete
Name: HUNGERFORD, HERBERT
Address: 10305 HWY 280
City-St-Zip: CLAXTON, GA 30417

Title: V () Delete
Name: NICHOLSON, STEPHANIE
Address: 1412 OLD MILL POND RD
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE J NICHOLSON

MS

01/21/2009

Electronic Signature of Signing Officer or Director

Date