2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L23396 1. Entity Name BEACH DISTRIBUTING, INC. Mailing Address Principal Piece of Business **539 SAN CHRISTOPHER DRIVE** 539 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698 DUNEDIN, FL 34698 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2972950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASSMAN, ALAN S. DO NOT WRITE 1212 COURT STREET SUITE B IN THIS SPACE CLEARWATER, FL 34616 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. 1 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 eignature required when reinstating) DATE U00000337262 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/27/05-80160-017 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DV BEACH, WILLIAM NAME STREET ADDRESS 539 SAN CHRISTOPHER DR. CITY-ST-ZIP DUNEDIN, FL PST TITLE BEACH, WENDY NAME STREET ADDRESS 539 SAN CHRISTOPHER DR CATY-ST-ZIP DUNEDIN, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE 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:

CITY-ST-ZIP

WATURE AND TYPES ON PRINTED HAVE OF SIGNING OFFICER ON ORDERTO

april 25,2005

733-664 Devime Phone #

FILED