2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # L23396 BEACH DISTRIBUTING, INC. Principal Place of Business Mailing Address 539 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698 **539 SAN CHRISTOPHER DRIVE** DUNEDIN, FL 34698 02162007 No Chg-P CR2E034 (11/05) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fe 10. OFFICERS AND DIRECTORS DV TITLE BEACH, WILLIAM NAME STREET ADDRESS 539 SAN CHRISTOPHER DR. DUNEDIN, FL CITY-ST-7IP **PST** BILE BEACH, WENDY 539 SAN CHRISTOPHER DR STREET ADDRESS U00000745854 CITY-ST-ZIP DUNEDIN, FL 05/16/07-80042-021/150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 eath; 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

O OF PRINTED RAME OF SIGHING OFFICER OR DIRECTOR

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