2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L46422

1. Entity Name
ED & BEVERLY COLLINS, INC.

Principal Place of Business	Mailing Address
310 ROMANEA PLACE LAGUNA BEACH, FL 32413 US	2130 PEEKSVILLE ROAD LOCUST GROVE, GA 30248 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State

05162006   Chg-P   CR2E034 (11/05)

Zip	Country	Zip	Country

4. FEI Number
59-3069859

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, BEVERLY 310 ROMANZA PLACE LAGUNA BEACH, FL 32413	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** _____ Zip Code

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

FILE NOW!!! FEE IS $550.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	U00000568449 ☐ Change ☐ Addition	
NAME	COLLINS, BEVERLY		NAME	05/31/06-80004-014 150.00	
STREET ADDRESS	310 ROMANZA PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAGUNA BEACH, FL 32413		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: _Beverly Collins_   _Beverly Collins_ 5-23-06   772 898-3582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #