2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # M98285 04-05-2006 90150 043 ***150.00 1. Entity Name **BEALE & ASSOCIATES, INC.** Principal Place of Business Mailing Address 7185 SCOTT AVENUE P 0 BOX 493 50008982 TANGERINE, FL 32777 TANGERINE, FL 32777-0493 US 2. Principal Place of Business 3. Malling Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. 04032006 CR2E034 (11/05) Chq-P City & State City & State 4. FEI Number Applied For 59-2908837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEALE, JOSEPH P 7185 SCOTT AVENUE Street Address (P.O. Box Number is Not Acceptable) TANGERINE, FL 32777 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEALE, JOSEPH P. NAME NAME STREET ADDRESS 7185 SCOTT AVENUE (PO BOX 493) STREET ADDRESS CITY-ST-ZIP TANGERINE, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BEALE, REBEKAH M NAME 7185 SCOTT AVENUE (PO BOX 493) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TANGERINE, FL 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 STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P 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

JOSEPHP. BEACE

PRESIDENT

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04/03/06

FILED