2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002435

Entity Name: MAX & AL JEANE BEACH FOUNDATION, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300 LAKE AVENUE N.E. 401 SOUTH LINCOLN AVENUE #523 CLEARWATER, FL 33756

LARGO, FL 337716603

Current Mailing Address: New Mailing Address:

300 LAKE AVENUE N.E. 401 SOUTH LINCOLN AVENUE #523 CLEARWATER, FL 33756 LARGO, FL 337716603

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVENUEE
CLEARWATER, FL 33756 US
LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756 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: WILLIAM K. LOVELACE 04/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 BEACH, AL JEANE
 Name:
 BEACH, MARILYN M

 Address:
 300 LAKE AVENUE N.E. #523
 Address:
 98 MARY CATHERINE DRIVE

Address: 300 LAKE AVENUE N.E. #523 Address: 98 MARY CATHERINE DRIVI City-St-Zip: LARGO, FL 337716603 City-St-Zip: LANCASTER, MA 01523

Title: D () Delete Title: D (X) Change () Addition Name: BEACH, MARILYN M Name: PETIKA, JOHN

Address: 33 BIRCH ISLAND WAY Address: 966 CYPRESS LAKES BLVD.
City-St-Zip: LUNENBURG, MA 014621115 City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete Title: D (X) Change () Addition
Name: LOVELACE, WILLIAM K ESQ. Name: LOVELACE, WILLIAM K

Address: 401 SOUTH LINCOLN AVENUE Address: 401 SOUTH LINCOLN AVENUE City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K. LOVELACE D 04/19/2007