


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 19 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000011979</b> 1. Entity Name <b>SERENITY BEACH HOUSE, INC</b>	
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Principal Place of Business <b>1471 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034</b>	Mailing Address <b>1471 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

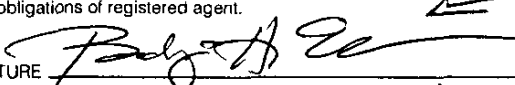


08062006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent	
<b>ESCOE, BRIDGET 196 ROWAN OAK PLACE FERNANDINA BEACH, FL 32034</b>	

7. Name and Address of New Registered Agent	
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.

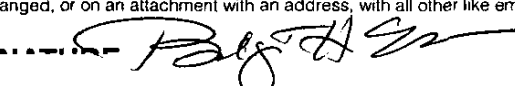
SIGNATURE  **Bridget H. Escoe** 15 Sept., '06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ECSCOE, BRIDGET
STREET ADDRESS	196 ROWAN OAK PLACE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	S <input type="checkbox"/> Delete
NAME	GRADY-ROBINSON, LAUREN
STREET ADDRESS	2874 TIDE WATER
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	T <input type="checkbox"/> Delete
NAME	ROYAL, CHERI
STREET ADDRESS	406 SOUTH 11TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>500080095115</b> 09/22/06--01055--006 **\$61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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  **Bridget H. Escoe** 15 Sept, 2006  
9/21/06