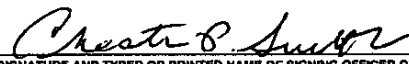


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90001 017 ****61.25

DOCUMENT # N07344 1. Entity Name BEVERLY HILLS FISHING CLUB INC.					
Principal Place of Business 3189 N. BRACKENFERN PT PO BOX 640523 BEVERLY HILL, FL 33464 US			Mailing Address 3189 N. BRACKENFERN PT PO BOX 640523 BEVERLY HILLS, FL 34464-0523 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2471767	
Zip		Country		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	
LEE BALH 3189 N. BRACKENFERN PT BEVERLY HILLS, FL 34465				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					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	DVP	☐ Change ☒ Addition
NAME	BALL, LEE		NAME	MYERS, JOHN	
STREET ADDRESS	3189 N BRACKEN FERN PT		STREET ADDRESS	DESOTO STREET	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DP	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	PAMASIK, ANN		NAME	PAMASIK ANN	
STREET ADDRESS	623 W GARBO LN		STREET ADDRESS	623 W. GARBOLN	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSALES, SHIRLEY		NAME		
STREET ADDRESS	3889 N BLAZING STAY WAY		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOTT, CHESTER P JR.		NAME		
STREET ADDRESS	131 W HOLLY FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	DVP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KENNEAY, TOM		NAME		
STREET ADDRESS	6639 W HERITAGE DR		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLAN, BETTY		NAME		
STREET ADDRESS	17 NEW FLORIOR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		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: 			8/15/06 (352) 746-1951		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		