2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44057

FILED Mar 23, 2007 Secretary of State

Entity Name: BEACHES SEA TURTLE PATROL, INC.

Current Principal Place of Business:

140 SUMMER TREE CT

Current Mailing Address:

PONTE VEDRA BEACH, FL 32082

New Mailing Address:

New Principal Place of Business:

P.O. BOX 50723

P.O. BOX 50723

JACKSONVILLE BEACH, FL 32240 JACKSONVILLE BEACH, FL 322400723 US

FEI Number: 59-3100324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAY, WILLIAM BURNS, JENNIFER L 328 15TH AVE N 140 SUMMER TREE CT.

PONTE VEDRA BEACH, FL 32082 US

JACKSONVILLE BEACH, FL 32250 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: JENNIFER L. BURNS 03/23/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MAY, WILLIAM BURNS, JENNIFER Name: Name: 328 15TH AVE N #4 Address: 140 SUMMER TREE CT. Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

STARBUCK, FRANK BURNS, JENNIFER Name: Name: Address: 140 SUMMER TREE CT Address: P.O. BOX 50375

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: JACKSONVILLE BEACH, FL 32240 US

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

STARBUCK, FRANK MARTIN, MICHELLE Name: Name: Address: P.O. BOX 50375 Address: 264 MONTEGO WAY

City-St-Zip: JACKSONVILLE BEACH, FL 32240 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

Name: LEWIS, LAURA Name: LEWIS, LAURA

Address: 140 SUMMER TREE CT Address: 140 SUMMER TREE CT. City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: JENNIFER L. BURNS SD 03/23/2007