


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90208 020 ****61.25

DOCUMENT # N92000000698	
1. Entity Name BEACH BOPPERS OF ORLANDO, INC.	

Principal Place of Business P O BOX 160813 ALTAMONTE SPRINGS, FL 32716-0813	Mailing Address P O BOX 160813 ALTAMONTE SPRINGS, FL 32716 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3158805	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REBECCA PIERCE 3121 KELVINGTON DRIVE ORLANDO, FL 32810		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 May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PETERS, JOYCE		NAME	NELSON, SUSAN L.			
STREET ADDRESS	123 SHOMATE DR		STREET ADDRESS	181 BRUSHCREEK DR.			
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	SANFORD, FL 32771			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NELSON, SUSIE		NAME	O'CONNOR, JAMES			
STREET ADDRESS	181 BRUSHCREEK DR		STREET ADDRESS	200 MAITLAND AVE #98			
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NEWMAN, NANCY		NAME	DUCKWORTH, PAT			
STREET ADDRESS	1289 BURNING TREE LN		STREET ADDRESS	7005 ARCHWOOD DR.			
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	ORLANDO, FL 32819			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WORTMAN, PEARL		NAME	PEARL DESJARDINS			
STREET ADDRESS	5631 CATSKILL CT.		STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JONES, PARTICIA A		NAME	PETERS, JOYCE			
STREET ADDRESS	465 BURNT TREE LN		STREET ADDRESS	123 SHOMATE DR.			
CITY-ST-ZIP	APOKA, FL 32712		CITY-ST-ZIP	LONGWOOD, FL 32750			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIERCE, REBECCA		NAME				
STREET ADDRESS	3121 KELVINSTON DR.		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32810		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: *[Signature]* **SL Nelson Pres.** **4-25-06** **(407) 322-4979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #