2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028869

1. Entity Name
SILICON BEACH GROUP, INC.

Principal Place of Business	Mailing Address
1300 NW 167TH STREET SUITE ONE MIAMI GARDENS, FL 33169	1300 NW 167TH STREET SUITE ONE MIAMI GARDENS, FL 33169

DO NOT WRITE IN THIS SPACE

05032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1067491	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RANSFORD, JOEL
1300 NW 167TH STREET
MIAMI, FL 33169

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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 _____ 5/3/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	BERNER, TROY
STREET ADDRESS	2000 NW 12TH AVE, APT 726
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	CIO
NAME	COX, CHRISTOPHER
STREET ADDRESS	2455 WELLINGTON GREEN DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414

U00000563427
05/20/06-80010-024 150.00

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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 607, 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: _____ Troy Berner _____ 5/3/06   (305) 690-9123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #