


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90076 044 ***150.00

DOCUMENT # P0000030925
1. Entity Name **SUNSET BEACH HOUSE, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8584 GULF BOULEVARD
Suite, Apt. #, etc.

3. Mailing Address
4535 CENTRAL AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

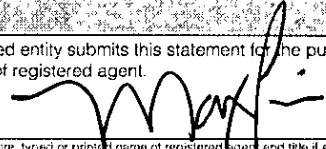
City & State **TREASURE ISLAND, FL** City & State **ST. PETERSBURG, FL** 4. FEI Number **59-3634727** Applied For Not Applicable

Zip **33706** Country **USA** Zip **33713** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **MAX P. LINN**
Street Address (P.O. Box Number is Not Acceptable) **4535 CENTRAL AVENUE**
City **ST. PETERSBURG** FL Zip **33713**

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  DATE **3/14/03**

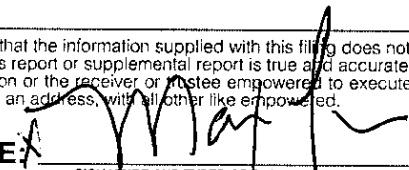
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/VP/T/S MAX P. LINN 4535 CENTRAL AVENUE ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **3/14/03** 727 3226400

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

CR2E034B (12/02)