2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2005 08:00 AM DOCUMENT # P00000058659 **Secretary of State** 1. Entity Name BENEFICIAL ASSETS INTERNATIONAL, INC. Principal Place of Business 1603 S. GEORGIA AVENUE TAMPA FL 33629 1603 S. GEORGIA AVENUE TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 59-3661592 Not Applicable Zip Ζp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 1603 S. GEORGIA AVENUE **TAMPA FL 33629** City Zip Code FL 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. 201 SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Change Addition THE ☐ Delete Juna NAME TAYLOR, BEVERLY NAMI 1603 S. GEORGIA AVENUE SIRFET ADDRESS STREET ADDRESS CITY ST-ZIP TAMPA FL 33629 CDY-ST-ZIP Addition ☐ Delete HITCH TOTALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-ZIP Addition Change ☐ Delete THILE TELLE NAME CIRCEL ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition THEFE me Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete ane unt NAME STREET ACORESS STREET ADDRESS GITY-ST-ZIP CITY-ST-7IP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Duely W. By D. Beverly R. Taylor Pros. 1/23/05 813 144 807 1 SIGNATURE of TYPED OR PRINTIPONAME OF SIGNING OFFICER OR DIRECTOR

12. Thereby certify that the information supplied with this filling 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 eath; 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