2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

DOCUME 1. Entity Name BEVILLE GA				05-14-2008 90013 046 ***150.00							
Principal Place of	Business		Mailing Address		•						
1301 BEVILLE ROAD SUITE #7			1301 BEVILLE ROAD Suite #7			1.50	• 7				
DAYTONA, FL 32119			DAYTONA, FL 32119	•							
Principal Place of Business - No P.O. Box # 1898 S Clyde Morris Blvd			3. Mailing Address 1898 S Clyde Morris Blvd				E CORRECTION RANGE AND A SAME BOOK BOOK BOOK BOOK INDIVIDUAL ARISK COLORS AND AN ARISK COLORS AND AN ARISK COLORS				
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
Suite 500 City & State			Suite 500 City & State				4. FEI Numb				oplied For
Daytona Beach, FL			Daytona Beach		59-3675613				No	ot Applicable	
Zip 32119	Country Volusia				ntry /olusia	5. Certificate of Status Desired			Fee Required		
6	6. Name a	nd Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent Name					
AMENDOLAGIN, MARILYN 1301 BEVILLE ROAD SUITE #7 DAYTONA, FL 32119					Street Address (P.O. Box Number is Not Acceptable)						
			• •	1898 S Clyde Morris Blvd Suite 500							
		•	<u>``</u>	City	Daytona Beach				FL Zip Code 32119		
8. The above nam the obligations			r the purpose of changing	its register 7 1	ed office/o	r register	ed agent, or bo	oth, in the State of Flo	orida.lam f ,	amiliar with,	and accept
SIGNATURE Maxilyn Awada againe Manulyn Maudata Grae 4-20-08 Signature, typed or printed name of registered agant angitale if applicable. (INOTE: Polytistered Agant signature required when reinstatings) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		,.	ADDITIONS	I /CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME AN	=	AGINE MICHAEL	□ Delete TITLI			PD	dalaaina Mish	2001		Change	■ Addition
STREET ADDRESS 1301 BEVILLE ROAD, SUITE #7			STRE		eet address	1898 9	Amendolagine, Michael 1898 S Clyde Morris Blvd Suite 500				
- t.a		FL 32119			-ST-ZIP	Daytona Beach, FL 32119					
'''	STD MENDOLA	AGINE, MARILYN	☐ Delete	TITL NAM	*0,0		D ndolagine, Marilyn			Change	☐ Addition
i I		LE ROAD, SUITE #7			eet address '-St-Zip	1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119					
TITLE	ATTONA,	FL 32119	☐ Delete	☐ Delete TITI						☐ Change	☐ Addition
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	ΠπL	E					☐ Change	Addition
NAME STREET ADDRESS				NAW STR	ie Eet address						
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP				_	/-ST-ZIP						
TITLE NAME			☐ Delete	TTTL NAM						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
12. I hereby certif	fy that the in	nformation supplied with	this filing does not qualify	for the ex	emptions of	contained	in Chapter 11	9, Florida Statutes. I	I further certi	ify that the i	nformation
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.											
changed, or on an attachment with an address, with all other like emptwered. SIGNATURE: SIGNATURE:											