



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104247 1. Entity Name BEACH PARK HOLDINGS, INC.						FILED 06 APR 18 AM 10:38	
Principal Place of Business ONE PROGRESS PLAZA SUITE #450 SAINT PETERSBURG, FL 33701				Mailing Address ONE PROGRESS PLAZA SUITE #450 SAINT PETERSBURG, FL 33701			
2. Principal Place of Business <i>25 Second St N.</i>		3. Mailing Address <i>25 Second St N.</i>					
Suite, Apt. #, etc. <i>210</i>		Suite, Apt. #, etc. <i>210</i>					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-3680688				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AVIRAM, JIMMY ONE PROGRESS PLAZA SUITE #450 SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name <i>25 Second St N. #210</i> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD AVIRAM, JIMMY ONE PROGRESS PLAZA, #450 SAINT PETERSBURG, FL 33701				TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>25 Second St. N #210</i>			
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ Date: _____ Daytime Phone #: _____							