2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P00000104247 BEACH PARK HOLDINGS, INC. Principal Place of Business Mailing Address 25 SECOND STREET NORTH #210 25 SECOND STREET NORTH #210 SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 No Chg-P CR2E034 (11/05) 03262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3680688 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AVIRAM, JIMMY DO NOT WRITE 25 SECOND STREET NORTH #210 SAINT PETERSBURG, FL 33701 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000684413 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 04/06/07-80031-010 150.00 10. OFFICERS AND DIRECTORS TITLE **PSTD** NAME AVIRAM, JIMMY STREET ADDRESS 25 SECOND STREET NORTH #210 SAINT PETERSBURG, FL 33701 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NO. OFFICER OR DIRECTOR