


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90579 005 \*\*\*150.00

<b>DOCUMENT # P01000041242</b>	
1. Entity Name <b>BEAL PARTNERS, INC.</b>	

Principal Place of Business <b>10221 W EMERALD COAST PKWY STE 26 DESTIN, FL 32550</b>	Mailing Address <b>10221 W EMERALD COAST PKWY STE 26 DESTIN, FL 32550</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State <b>MIRAMAR BEACH, FL</b>	City & State <b>MIRAMAR BEACH, FL</b>
Zip  Country	Zip  Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3713952</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WALLACE, W. WADE 10221 W EMERALD COAST PKWY STE 26 DESTIN, FL 32550</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>MIRAMAR BEACH</b> <b>FL</b> Zip Code <b>32550</b>
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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 <u><i>W. Wade Wallace</i></u> Signature, typed or printed name of registered agent and title if applicable	<b>W. WADE WALLACE</b> (NOTE: Registered Agent signature required when reinstating)	<b>4/22/04</b> DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WALLACE, W. WADE</b> <b>10221 W EMERALD COAST PKWY STE 26</b> <b>DESTIN, FL 32550</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MIRAMAR BEACH, FL 32550</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LITTLE, GARY C</b> <b>303 WILLOW DR</b> <b>ANDALUSIA, AL 36420</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u><i>W. Wade Wallace</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>W. WADE WALLACE</b>	<b>4/22/04</b> Date	<b>(850) 837-0155</b> Daytime Phone #
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