2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P01000042044 04-28-2006 90175 013 ***150.00 1. Entity Name BETA-1 MANAGEMENT, INC. Principal Place of Business Mailing Address 9517 SPRING BLOSSOM CT P.O. BOX 16480 FERNANDINA BEACH, FL 32034 AMELIA ISLAND, FL 32035 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-3695499 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAUNCEY, RAYMOND M Street Address (P.O. Box Number is Not Acceptable) 9517 SPRING BLOSSOM COURT FERNANDINA BEACH, FL 32034 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHAUNCEY, RAYMOND M NAME 9517 SPRING BLOSSOM CT. STREET ADDRESS STREET ADDRESS AMELIA ISLAND, FL 32034 CITY-ST-ZIP CITY-ST-ZIP DS TITLE Delete TITLE Change ■ Addition BENNETT, RODNEY E NAME NAME STREET ADDRESS RT 2 BOX 3536 STREET ADDRESS FOLKSTON, GA 31357 CITY-ST-7IP CITY-ST-73P ☐ Delete TITLE Channe ☐ Addition MILE NAME DYCK, PETER V NAME 2907 EASTWIND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Addition TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 cath; 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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADORESS

CITY-ST-79

YPED OR PRINTED NAM

FILED