

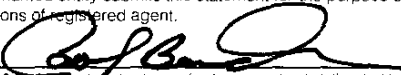
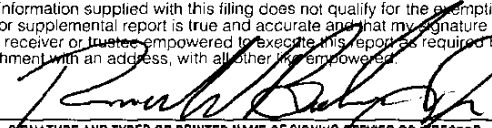


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90427 013 ***150.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # P01000058997 1. Entity Name BEACHCREST WOODWORKING, INC. | | | |  | |
| Principal Place of Business 1085 BUSINESS LN., #106 NAPLES, FL 34110 | | | Mailing Address 1085 BUSINESS LN., #106 NAPLES, FL 34110 | | |
| 2. Principal Place of Business 4206 Enterprise Ave. Suite, Apt. #, etc. Unit # 11 | | 3. Mailing Address 4206 Enterprise Ave. Suite, Apt. #, etc. Unit # 11 | |  | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 59-3726632 | |
| Zip 34104 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BENDER, CAROL 3760 31ST AVE. SW NAPLES, FL 34117 | | | | 7. Name and Address of New Registered Agent Name Carol Bender Street Address (P.O. Box Number is Not Acceptable) 4206 Enterprise Ave. Unit # 11 City Naples, FL Zip Code 34104 | |
| 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 4/29/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D <input type="checkbox"/> Delete NAME BENDER, RONALD JAMES JR STREET ADDRESS 3760 31ST AVE. SW CITY-ST-ZIP NAPLES, FL 34117 | | | TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Bender, Ronald James Jr. STREET ADDRESS 4206 Enterprise Ave. Unit # 11 CITY-ST-ZIP Naples, FL 34104 | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE:  | | | Date 4/28/04 Daytime Phone # 239-514-3744 | | |