

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 029 ***150.00

DOCUMENT # P01000067131	
1. Entity Name BECK BROTHERS ENTERPRISES, INC.	



Principal Place of Business XXXXXX 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480 XXXXXX	Mailing Address XXXXXX 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480 XXXXXX
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2. Principal Place of Business - No P.O. Box # c/o Kent Huffman, Esq.	3. Mailing Address c/o Kent Huffman, Esq.
Suite, Apt. #, etc. 515 N. Flagler Dr., #801	Suite, Apt. #, etc. 515 N. Flagler Dr., #801
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country USA

40000130

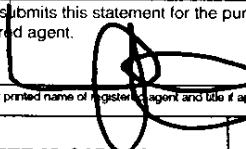


01222008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1116968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUFFMAN, KENT 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Kent Huffman, Esq. Street Address (P.O. Box Number is Not Acceptable) 515 North Flagler Drive Suite 801 City West Palm Beach, FL Zip Code 33401
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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  Signature, typed or printed name of registered agent and title if applicable.	Kent Huffman, Esquire January 28, 2008 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DP BECK, RICHARD B C/O BUFFMAN, 350 ROYAL PALM WAY, #409 PALM BEACH, FL 33480 <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
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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 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: 	Richard B. Beck 4/10/08 561 662 6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	