

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90012 016 \*\*\*158.75

<b>DOCUMENT # P01000110366</b>					
<b>1. Entity Name</b> SILICON BEACH SYSTEMS, INC.					
<b>Principal Place of Business</b> ONE CORPORATE DRIVE SUITE 2-D PALM COAST, FL 32137			<b>Mailing Address</b> ONE CORPORATE DRIVE SUITE 2-D PALM COAST, FL 32137		
<b>2. Principal Place of Business</b> 1 Armand Beach			<b>3. Mailing Address</b> 1 Armand Beach		
Suite, Apt. #, etc. Suite 2B			Suite, Apt. #, etc. Suite 2B		
<b>City &amp; State</b> Palm Coast, Florida		<b>City &amp; State</b> Palm Coast, Florida		<b>4. FEI Number</b> 59-3755125	
Zip 32137	Country	Zip 32137	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GOAN, TIMOTHY M 1 CORPORATE DRIVE SUITE 1-C PALM COAST, FL 32137				<b>7. Name and Address of New Registered Agent</b> Name Pamela K. Phillips, Esquire Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street Suite 2800 City Jacksonville FL Zip Code 32202	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, TERRY <input type="checkbox"/> Delete 1 CORPORATE DRIVE, SUITE 2-D PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Armand Beach, Suite 2B Palm Coast, Florida 32137	
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	
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	
<b>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>					
<b>SIGNATURE:</b> _____			5-12-2004 386 447-6708		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54054835



05122004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

*[Handwritten Signature]*