2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2005 08:00 A DOCUMENT # P02000017318 **Secretary of State** BEACH WALK ENTERPRISES, INC. Principal Place of Business Mailing Address 81 MATTHEW BLVD. 81 MATTHEW BLVD. DESTIN, FL 32541 DESTIN, FL 32541 04292005 No Chg-P CR2F034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 01-0620382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIPTON, RICHARD DO NOT WRITE 81 MATTHEW BLVD. DESTIN, FL 32541 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PS TITLE LIPTON, RICHARD NAME 81 MATTHEW BLVD. STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE STREET ADDRESS U000000348951 CITY-ST-ZIP 05/02/05-80045-018 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY+ST-7IP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #