

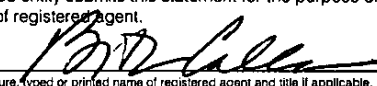
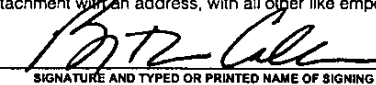


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90075 009 ***150.00

DOCUMENT # P02000028683					
1. Entity Name BETH CALLANS PROPERTY ACCESS CONTROL SERVICES CORPORATION					
Principal Place of Business 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228			Mailing Address 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228		
2. Principal Place of Business 595 Bay Isles Road Suite, Apt. #, etc. Suite 200 City & State Longboat Key, FL Zip 34228 Country USA		3. Mailing Address 595 Bay Isles Road Suite, Apt. #, etc. Suite 200 City & State Longboat Key, FL Zip 34228 Country USA			
4. FEI Number 02-0567637				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CALLANS, BETH 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name Beth Callans Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Road Suite 200 City Longboat Key FL Zip Code 34228		
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 1/23/06 <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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CALLANS, BETH 595 BAY ISLES ROAD #201 LONGBOAT KEY, FL 34228		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	
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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: 			1/23/06 941-387-3443 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

20004060