

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90263 011 ***150.00

DOCUMENT # P02000134423	
1. Entity Name BEICH VENTURES, INC.	

Principal Place of Business 5555 MORNINGSTAR STE 206 HOUSTON, TX 77005	Mailing Address 5555 MORNINGSTAR STE 206 HOUSTON, TX 77005
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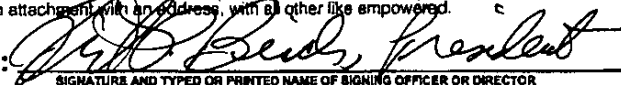
2. Principal Place of Business - No P.O. Box # 5252 Westchester	3. Mailing Address 5252 Westchester
Suite, Apt. #, etc. #150	Suite, Apt. #, etc. #150
City & State Houston, Texas	City & State Houston, Texas
Zip 77005	Country USA

6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD STE 600 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name PORTER WRIGHT MORRIS & ARTHUR LLP Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD., 3rd FLOOR City NAPLES FL Zip Code 34108
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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.	4/30/08
SIGNATURE: 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PRES BEICH, FRITZ P 5555 MORNINGSTAR DR, SUITE 206 HOUSTON, TX 77005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5252 Westchester, #150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEICH, FRITZ P 5555 MORNINGSTAR SUITE 206 HOUSTON, TX 77005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5252 Westchester, #150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BEICH, DAVID W 9 HARWOOD PLACE BLOOMINGTON, IL 61701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BEICH MCCALL, DIANE 420 EAST WATERSIDE, APT 308 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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, 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: 	4/30/08 713-5261785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #