2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P03000011469 1. Entity Name MEXICOBEACH BZ, INC.					Secretary of State
410 TEXAS DRIVE		Mailing Address PO 80X 13682 MEXICO BEACH, FL 32410			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04192006 4. FEI Numb 57-114	No Chg-P CR2E034 (11/05)
410 TEXA	RN, VERAN O S DRIVE BEACH, FL 32410				NOT WRITE THIS SPACE
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: Typed or printed name of registered agent and the displicable. (NOTE: Registered Agent agents are required when remistating). DATE					
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			i.00 May Be ded to Fees	
10. TITLE MAME SITTEET ADDRESS CITY-ST-ZIP	D BLACKBURN, VERAN O PO BOX 13582 MEXICO BEACH, FL 32410	RECTORS			
BITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BLACKBURN, MARY H PO BOX 13682 MEXICO BEACH, FL 32410	 			050000546392 05/11/06-80116-002 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE			-		NOT WRITE
NAME STREET ADDRESS CITY-SI-ZIP TITLE		·		IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			-		
TITLE PRAME 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 cusporation 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: SIGNATUR					