2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035264

Entity Name: L.S.M.BEACH INC.

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

140 ISLAND WAY 13799 PARK BLVD N

#233

281 CLEARWATER, FL 33767 SEMINOLE, FL 33776

Current Mailing Address: New Mailing Address:

13799 PARK BLVD N 140 ISLAND WAY #233

CLEARWATER, FL 33767 SEMINOLE, FL 33776

FEI Number: 56-2345483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEAGAS, LEE LEAGAS, LEE 140 ISLAND WAY 13799 PÄRK BLVD N #233 281

CLEARWATER, FL 33767 US SEMINOLE, FL 33776 US

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.

SIGNATURE: LEE LEAGAS 03/13/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition

LEAGAS, LEE Name: Name: LEAGAS, LEE MR 140 ISLAND WAY, #233 13799 PARK BLVD N #281 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: SEMINOLE, FL 33776 US

(X) Delete Title: SEC Title: () Change () Addition

Name: LEAGAS, LEE Name: 140 ISLAND WAY,#233 Address: Address: CLEARWATER, FL 33767 City-St-Zip: City-St-Zip:

Title: Title: TRES () Delete TRES (X) Change () Addition

LEAGAS, LEE LEAGAS, LEE MR Name: Name: 140 ISLAND WAY, #233 13799 PARK BLVD N #281 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: SEMINOLE, FL 33776 US

Title: DIR (X) Delete Title: () Change () Addition

LEAGAS, LEE Name: 140 ISLAND WAY,#233 Address: CLEARWATER, FL 33767 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE LEAGAS MR 03/13/2006