


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90173 016 ***150.00

DOCUMENT # P03000064286			
1. Entity Name SC BEACH INVESTMENTS, INC.			
Principal Place of Business 131 N. 2ND STREET 216 FT. PIERCE FL 34950		Mailing Address 131 N. 2ND STREET 216 FT. PIERCE FL 34950	
2. Principal Place of Business 129 N 2nd Street		3. Mailing Address 129 N 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. Pierce FL		City & State FT Pierce FL	
Zip 34950	Country USA	Zip 34950	Country USA
6. Name and Address of Current Registered Agent DIPALMA, STEVE 131 N. 2ND ST. 216 FT. PIERCE FL 34950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when constituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P DIPALMA, STEVE 131 N. 2ND ST. SUITE 216 FT. PIERCE FL 34950 <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	V COKE, CHRISTINE 131 N. 2ND ST. SUITE 216 FT. PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christine Coke 4/2/06 772-461-2525