
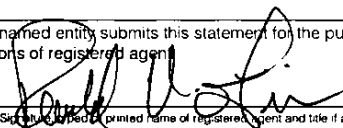
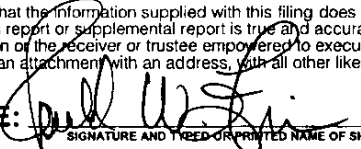


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90077 046 ***150.00

DOCUMENT # P03000071852 1. Entity Name BEACH SUNSETS, INC.					
Principal Place of Business 153 LOON LAKE DR. SANTA ROSA BEACH, FL 32459			Mailing Address 153 LOON LAKE DR. SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box # 4821 Highway 98 W		3. Mailing Address P. O. Box 1768			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. 			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		4. FEI Number 91-2194965	
Zip 32459		Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFIELD SACHS, COLLEEN 1719 S. COUNTY HWY 393 SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Ronald W. Friesen Street Address (P.O. Box Number is Not Acceptable) 4821 Highway 98 West Suite 101 City Santa Rosa Beach FL 32459	
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  Ronald W. Friesen, President April 13, 2007 <small>Signature of Registered Agent (printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P FRIESEN, RONALD W 153 LOON LAKE DR SANTA ROSA BEACH, FL 32459 <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	VP FRIESEN, COLLEEN 153 LOON LAKE DRIVE SANTA ROSA BEACH, FL 32459 <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:  Ronald W. Friesen April 13, 2007 (850) 622-0247 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					