2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P03000134418 1. Entity Name BEACH REAL ESTATE OF TAMPA BAY, INC.				04-23-2004 90219 029 ***150.00						
SSOO SUNSET WAY #203 ST PETERSBURG BEACH, FL 33706-2158 SUNA, Apr. 4, etc. DAILY	Principal Plac	e at Rusiness	Mailinn Address				940	19619			
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2. Principal Pack of Business L. 3 3 Mailing Address 1 1 1 1 2 2 2 2 2 2	#203		#203								
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Step	Suite, Apt.	#, etc.//	Suite, Apt. #, etc.	,	-	04212004	Chg-P	CR2E034 (10	0/03)		
Security States of Country States of Current Registered Agent 7, Name and Address of New Registered Agent 8, Name 11335	Stily & Stat	Beach Fe 3370E	Sty & State Bea	ce FL	,	4. FEI Numb	er				
MYERS, RÖBERT J 1135 PASADENA AVE S SUITE 140 ST PETERSBURG, FL 33707 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME SIRET ADDRESS SIRET ADDRESS CITY 51-2P Delete INTE Delete NAME SIRET ADDRESS CITY 51-2P Delete Addition Additi	Zip	Country	Zip	Country		5. Certificate	of Status Desired				
NAME SITER ADDRESS OUTV-ST-ZP TITE NAME SITER ADDRE	20/1	6. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyper of printed name of registered agent and tits if applicable. [NOTE Registered Agent registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWITH FEE IS \$150.00 FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$150.00 FILE NOWITH FEE IS											
SUITE 140 ST PETERSBURG, FL 33707 City FL Zip Code					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SOPRILLE NOW!!! FEE IS \$150.00	SUITE 140										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	ST PETERSBURG, FL 33707										
TILE POST JESSUP, STEVEN P 6500 SUNSET WAY #203 STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD					City				FL Zip Code		
SIGNATURE Signature types or princed name of registered agent and take if applicable. INOTE Registered Agent stynature required when reinstiting) OATE	8. The above	named entity submits this statement for	r the purpose of changing its	registered office of	r register	ed agent, or bo	th, in the State of Flo	rida. I am familia	r with, a	and accept	
Signatura - Typodo or primed name of registrand agent and title if applicable. (NOTE: Registrand Agent at prayulars required when refinishing) DATE	the obliga										
### FILE NOWITI FEE IS \$150.00 ### Added to Fees 10.	SIGNATURE.	Signature typed or printed name of registered agents	(AIGT)	- Begistered Agent signs	tura regulare	udato reinetatina)		DATE			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

ÇITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR