PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 14, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 02-03-2005 90043 014 ***150.00 DOCUMENT # P04000001200 1. Entity Name BRIAN BEAUCHAMP, P.A. Principal Place of Business Mailing Address 66005030 759 S FEDERAL HWY 759 S FEDERAL HWY SUITE 315 SUITE 315 STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) 4. FEI Number 26-0487665 City & State City & State Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7,≝Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ____ BEAUCHAMP, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 759 S FEDERAL HWY **SUITE 315** STUART, FL 34994 City Zip Code 8. The apove 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 Squalk relitybed or primited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change DISE ☐ Delete TITLE Addition BEAUCHAMP, BRIAN M NAME HAMI STREET ADDRESS 759 S FEDERAL HWY SUITE 315 STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-7iP ☐ Delete ☐ Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7IP ☐ Defete TITLE ☐ Change ☐ Addition HILE HAME STREET ADDRESS STAFFE LADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F HHI NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7(P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS 914 ST ZP CITY+ST-ZIP Change ☐ Addition 110 Delete TATL F * Alta NAME STREET ASORESS STREET ADDRESS CITY-ST-ZIP 2017 - ST - 7IP 12. Thereby 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 empower of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if only good on an attachment with an address, with all other like empowered.

FILED