2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2006 08:00 AN Secretary of State

DOCUMENT # P0400064903 1. Entity Name BECKETT CAPITAL INVESTORS INC.				Secretary of Sta		
Principal Plac 5248 ESPAN BOYNTON, FI	A AVE	Mailing Address 5248 ESPANA AVE BOYNTON, FL 33437		. 		Na 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 18
DO NOT WRITE IN THIS SPAC			CE	07052006 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent BRODIS, RONALD PRES 5248 ESPANA AVE BOYNTON BEACH, FL 33437 BRODIS, RONALD PRES 5248 ESPANA AVE IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature)				ad when renstating) DATE		
FILE NOWITH FEE IS \$550.00 9. Election Campaign Finan Due by September 6, 2006 Trust Fund Contribution.			ncing \$	5.00 May Be ided to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE	RECTORS			0000005685 07/07/06-8001	771 4-016 558.75
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

75-06 561-317-3089

IN THIS SPACE