
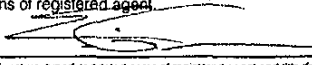



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 050 ***150.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # P04000071755 | | | |  | |
| 1. Entity Name BEACH EDUCATION SPECIALISTS, INC. | | | | | |
| Principal Place of Business 925 ARTHUR GODFREY ROAD STE 100 MIAMI BEACH, FL 33140 | | | Mailing Address 925 ARTHUR GODFREY ROAD STE 100 MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1189913 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GLINSKY, ERIC MICHAEL GLINSKY & CO. CPA 169 E. FLAGLER ST, STE 1118 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name GLINSKY, ERIC MICHAEL GLINSKY & Co. CPA Street Address (P.O. Box Number is Not Acceptable) 169 E. FLAGLER ST., STE 1620 City MIAMI FL Zip Code 33131 | |
| 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  | | | | DATE 2-9-07 | |
| Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting) | | | | | |
| 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 | PSTD LUBIN, DARA 925 ARTHUR GODFREY ROAD, SUITE 102 MIAMI, FL 33126 <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:  | | | | Date 2/12/07 (35) 807-9787 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |

40021723



02092007 Chg-P CR2E034 (12/06)