Aug. 22. 2005 2:17PM UNITED SPACE ALLIANCE NSLD 2

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State
08-24-2005 90055 022 ***163.75

DOCUMENT # P04000103050

1. Entity Name
PING'S BEACHSIDE CAFE, INC.

Principal Place of Business	Mailing Address
~~160 CONE ROAD~~ ~~MERRITT ISLAND, FL~~ 32952	160 CONE ROAD MERRITT ISLAND, FL 32952

50063129

08222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Pings Beachside Cafe	225 W. Cocoa Beach Cwsy
Suite, Apt. #, etc. 225 W. Cocoa Beach Cwsy	Suite, Apt. #, etc.
City & State Cocoa Beach	City & State FL.
Zip 32981 Country Brevard	Zip Country

4. FEI Number 32-0122069 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARR, PERFECTA I
160 CONE ROAD
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name Pings Beachside Cafe
Street Address (P.O. Box Number is Not Acceptable) 225 W. Cocoa Beach Cwsy
City Cocoa Beach FL Zip Code 32931

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 Perfecta I. Barr Perfecta Barr 8/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST / BARR, PERFECTA I / 160 CONE ROAD / MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Perfecta I. Barr 8/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #