2008 FOR PROFIT CORPORATION

Mar 20, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P04000110629** LUCKY'S BEACH SERVICE, INC. Principal Place of Business Mailing Address 8224 PANAMA CITY BEACH PARKWAY 8224 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL. 32407 03012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1438622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired á Malábateat felültetek terték balanak Fee Required 6. Name and Address of Current Registered Agent APPLEBAUM, STEVEN L DO NOT WRITE 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE NAME HICKEY, EDWARD F JR. 8224 PANAMA CITY BEACH PARKWAY STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 TITLE NAME STREET ADORESS ###04204208#80024#0251450..00 CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 life empowered.

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

ME OF SIGNING OFFICER OR DIRECTO

813-782-058

FILED