2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126284

Name:

Address: City-St-Zip: CONWELL, JOHN

502 TOPSAIL DRIVE

ROCKLEDGE, FL 32955

Entity Name: BEACHSIDE BEEF'S, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5675 N. ATLANTIC AVENUE #122 COCOA BEACH, FL 32932 **Current Mailing Address: New Mailing Address:** 5675 N. ATLANTIC AVENUE #122 COCOA BEACH, FL 32932 FEI Number: 20-1629299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BOUVIER, PAUL A MCLACHLAN, SCOTT 3210 N. WICKHAM ROAD 5675 N. ATLANTIC AVENUE MELBOURNE, FL 32935 US COCOA BEACH, FL 32932 US 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. SIGNATURE: SCOTT MCLACHLAN 05/01/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DTS () Delete () Change () Addition SISLER, MICHAEL Name: Name: 5675 N ATLANTIC AVE #122 Address: Address: City-St-Zip: COCOA BEACH, FL 32932 City-St-Zip: DVP Title: Title: () Delete () Change () Addition Name: MCLACHLAN, SCOTT Name: 5675 N ATLANTIC AVE #122 Address: Address: COCOA BEACH, FL 32932 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HAGAN, JAMES Name: Name: 4711 BABCOCK ST. NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: () Change () Addition DURKIN, JOSEPH Name: Name: Address: 807 NASSAU ROAD Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT MCLACHLAN D 05/01/2009