



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000150388</b> 1. Entity Name <b>BEACH CONCRETE, INC.</b>				FILED <b>06 JAN 18 AM 3: 05</b> CLERK OF THE CIRCUIT COURT FALL ANNASSEE, FL 32402	
Principal Place of Business <b>500 PALM SPRINGS BLVD. #808 INDIAN HARBOUR BEACH, FL 32937</b>		Mailing Address <b>500 PALM SPRINGS BLVD. #808 INDIAN HARBOUR BEACH, FL 32937</b>			
2. Principal Place of Business <b>22 N. Brevard Ave</b> Suite, Apt. #, etc. <b>Unit 20</b> City & State <b>Cocoa Beach, Fl</b> Zip <b>32931</b> Country <b>Brevard</b>		3. Mailing Address <b>22 N. Brevard Ave</b> Suite, Apt. #, etc. <b>Unit 20</b> City & State <b>Cocoa Beach, Fl</b> Zip <b>32931</b> Country <b>Brevard</b>			
4. FEI Number <b>20-1830955</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DUGAN, MATTHEW J 500 PALMS SPRINGS BLVD #808 INDIAN HARBOUR BEACH, FL 32937</b>			7. Name and Address of New Registered Agent Name <b>Dugan, Matthew J</b> Street Address (P.O. Box Number is Not Acceptable) <b>22 N. Brevard Ave. Unit 20</b> City <b>Cocoa Beach</b> FL <b>32931</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, PETER GARY 500 PALMS SPRINGS BLVD. #808 INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hudson, Peter Gary (VP)</b> <b>22 N. Brevard Ave Unit 20</b> <b>Cocoa Beach, Fl 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, CASEY L 500 PALMS SPRINGS BLVD. #808 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dugan, Matthew J (P)</b> <b>22 N. Brevard Ave. Unit 20</b> <b>Cocoa Beach, Fl 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUGAN, MATTHEW J 500 PALM SPRINGS BLVD. #808 INDIAN HARBOUR BEACH, FL 32937	<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	D BARNES, NICHOLAS 217 NE 1ST STREET SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300065080293</b> <b>02/02/06--01023--008 **150.00</b>	
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	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-13-06 Date _____ Daytime Phone _____		