


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State


03-12-2008 90036 049 ***150.00

DOCUMENT # P05000053004	
1. Entity Name BEACH TO BAY ABSTRACT COMPANY	

Principal Place of Business 1159 W. TAYLOR RD. DELAND, FL 32720	Mailing Address 1159 W. TAYLOR RD. DELAND, FL 32720
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2. Principal Place of Business - No P.O. Box # 1292 BRAMLEY LN.	3. Mailing Address 1292 BRAMLEY LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELAND FL	City & State DELAND FL
Zip 32720	Zip 32720
Country USA	Country USA

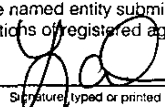


02262008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0832963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCOTTON, LAURIE E 1159 W. TAYLOR RD. DELAND, FL 32720	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1292 BRAMLEY LN. City DELAND FL Zip Code 32720
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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  **Laurie E. Scott** DATE **3/3/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCOTTON, LAURIE E		NAME LYSIK, LINDA	
STREET ADDRESS 1159 W. TAYLOR RD.		STREET ADDRESS 218 BRITTANY LANE	
CITY-ST-ZIP DELAND, FL 32720		CITY-ST-ZIP CRESTVIEW, FL 32536	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYSIK, LINDA		NAME LYSIK, LINDA	
STREET ADDRESS 218 BRITTANY LANE		STREET ADDRESS 218 BRITTANY LANE	
CITY-ST-ZIP CRESTVIEW, FL 32536		CITY-ST-ZIP CRESTVIEW, FL 32536	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYSIK, LINDA		NAME LYSIK, LINDA	
STREET ADDRESS 218 BRITTANY LANE		STREET ADDRESS 218 BRITTANY LANE	
CITY-ST-ZIP CRESTVIEW, FL 32536		CITY-ST-ZIP CRESTVIEW, FL 32536	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYSIK, LINDA		NAME LYSIK, LINDA	
STREET ADDRESS 218 BRITTANY LANE		STREET ADDRESS 218 BRITTANY LANE	
CITY-ST-ZIP CRESTVIEW, FL 32536		CITY-ST-ZIP CRESTVIEW, FL 32536	

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:  **Laurie E. Scott** DATE **3/3/08** DAYTIME PHONE **386-734-3099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR