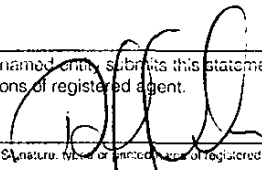


2006 FOR PROFIT CORPORATION

DOCUMENT # P05000094053			
1. Entity Name BEACH STYLE SPORT, INC.			
Principal Place of Business 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180		Mailing Address 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180	
2. Principal Place of Business 19101 MYSTIC POINTE DR		3. Mailing Address	
Suite, Apt. #, etc. # 2605		Suite, Apt. #, etc.	
City & State VENTURA, FL		City & State	
Zip 33180	Country USA	Zip	Country

FILED
2006 SEP 26 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

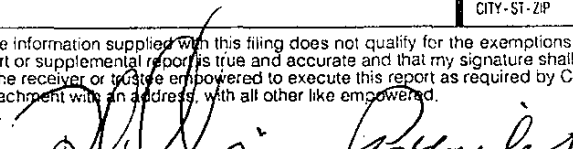


6. Name and Address of Current Registered Agent YARDENI, DAVID 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name YARDENI, DAVID Street Address (P.O. Box Number is Not Acceptable) 19101 MYSTIC POINTE DR # 2605 City VENTURA FL Zip Code 33180	
8. The above named 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 		DATE 4/28/06	

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YARDENI, DAVID 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YARDENI, DAVID 19101 MYSTIC POINTE DR. # 2605 VENTURA, FL. 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YARDENI, IRIS 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YARDENI, IRIS 19101 MYSTIC POINTE DR. # 2605 VENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE 4/28/06 (305) 936-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #