



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098593		
1. Entity Name BEACHLAND TILE INC.		

Principal Place of Business 1347 LAWDALE RD. TALLAHASSEE, FL 32317	Mailing Address 1347 LAWDALE RD. TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # 403 Woodville Hwy Suite, Apt. #, etc.	3. Mailing Address 403 Woodville Hwy Suite, Apt. #, etc.
City & State Crawfordville FL	City & State Crawfordville FL
Zip 32327	Country U.S.

FILED
07 AUG -6 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ACS



07162007 Chg-P CR2E034 (12/06)

4. FEI Number 16-1728705	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILTZ, JOSEPH H 1347 LAWDALE RD. TALLAHASSEE, FL 32317	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 403 Woodville Hwy City Crawfordville FL Zip Code 32327	
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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: *Joseph Hiltz* (NOTE: Registered Agent signature required when reinstating) DATE: 8/6/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	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	CEO HILTZ, JOSEPH H 1347 LAWDALE RD. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200108027322 09/14/07--01017--001 **158.75
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
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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: *Joseph Hiltz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 8/6/07 (850) 421-6707 Daytime Phone #