2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED

04-11-2006 90101 017 ***158.75

Daytime Phone #

Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # P05000133951 BEAUGRAND, INC. 20028034 Mailing Address Principal Place of Business 13416 BUCKETT CIR. 13416 BUCKETT CIR. PT. CHARLOTTE, FL 33981 PT. CHARLOTTE, FL 33981 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02262006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name T&H COMPTROLLERS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 CAPRI ISLES BLVD VENICE, FL 34292 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. D ☐ Delete TITLE ☐ Change ☐ Addition TITLE BEAUGRAND, WOLFGANG NAME NAME STREET ADDRESS STREET ADDRESS 13416 BUCKETT CIR. CITY-ST-ZIP PT. CHARLOTTE, FL 33981 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIBE JITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITY: ST. 7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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 instee 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.