


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90382 014 \*\*\*150.00

<b>DOCUMENT # P05000159463</b>	
1. Entity Name <b>BEACH SOLES, INC.</b>	

Principal Place of Business <b>634 NE 17TH AVE FT LAUDERDALE, FL 33304</b>	Mailing Address <b>634 NE 17TH AVE FT LAUDERDALE, FL 33304</b>
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30016163



2. Principal Place of Business <b>300 SW 1st Avenue</b>	3. Mailing Address <b>300 SW 1st Avenue</b>
Suite, Apt. #, etc. <b>Suite 123</b>	Suite, Apt. #, etc. <b>Suite 123</b>
City & State <b>Fort Lauderdale FL</b>	City & State <b>Fort Lauderdale FL</b>
Zip <b>33301</b>	Country <b>USA</b>

02042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>RICHARDS, LAURA 634 NE 17TH AVE FT LAUDERDALE, FL 33304</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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: Laura Richards DATE: 4/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>President Laura Richards</b>
STREET ADDRESS		STREET ADDRESS	<b>634 NE 17th Ave</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Fort Lauderdale FL 33304</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Vice President Hillary Hickman</b>
STREET ADDRESS		STREET ADDRESS	<b>420 NE 14th Avenue #1</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Fort Lauderdale FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Laura Richards DATE: 4/20/06 DAYTIME PHONE: 954-767-0343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR