2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2007 8:00 am
Secretary of State
04-17-2007 90058 021 ***150.00

DOCUMENT # P06000074068

1. Entity Name
BEACH HOME BUILDERS, INC.

Principal Place of Business	Mailing Address
601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3961 SW Port St. Lucie Blvd	3961 SW Port St. Lucie Blvd
Suite, Apt. #, etc.: Suite 117	Suite, Apt. #, etc.: Suite 117
City & State: Port St. Lucie FL	City & State: Port St. Lucie, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number: 80-0068641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, ALBERT B 601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	Name: Albert B. Moore Street Address (P.O. Box Number is Not Acceptable): 118 SW Port St. Lucie Blvd Suite 5 City: Port St. Lucie FL Zip Code: 34953

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
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLLIS, GEORGE M 601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE M POLLIS 3961 SW Port St. Lucie Blvd #117 Port St. Lucie, FL, 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, MARK W 601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK W. Hall 3961 SW Port St. Lucie Blvd, #117 Port St. Lucie, FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, WILLIAM B 601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William B. Jones 3961 SW Port St. Lucie Blvd #117 Port St. Lucie, FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOTTO, MICHAEL N 601 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL N MOTTO 3961 SW Port St. Lucie Blvd #117 Port St. Lucie, FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Anthony L. Care 3961 SW Port St. Lucie Blvd #117 Port St. Lucie, FL, 34953	☐ 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 per dually 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: George Pollis 4/6/07 772-873-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #