2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

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Entity Name: FLORIDA BEACHSIDE PROPERTY INC.

Current Principal Place of Business:

8501 ASTRONAUT BLVD.
5-401
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

8501 ASTRONAUT BLVD.
5-401
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 11-3788645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINS, DAVID P
8501 ASTRONAUT BLVD.
5-401
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ATKINS, DAVID P
Address: 8501 ASTRONAUT BLVD. 5-401
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VP
Name: ATKINS, DAVID P
Address: 8501 ASTRONAUT BLVD. 5-401
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: SEC.
Name: ATKINS, DAVID P
Address: 8501 ASTRONAUT BLVD. 5-401
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: TRES
Name: ATKINS, DAVID P
Address: 8501 ASTRONAUT BLVD. 5-401
City-St-Zip: CAPE CANAVERAL, FL 32920 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID P. ATKINS PRES 02/02/2012

Electronic Signature of Signing Officer or Director Date