

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146970

Entity Name: NORTH BEACH MARINE INC.

FILED  
Jun 18, 2010  
Secretary of State

**Current Principal Place of Business:**

509 SOUTH PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

509 SOUTH PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 57-2564476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STERLING, JAMIE  
509 SOUTH PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 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: P/D  
Name: STERLING, JAMIE  
Address: 509 SOUTH PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSINTE, FL 32084 US

Title: T  
Name: STERLING, JAMIE  
Address: 509 SOUTH PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSINTE, FL 32084 US

Title: VP/D  
Name: SHAW, JULIA  
Address: 509 SOUTH PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: S  
Name: SHAW, JULIA  
Address: 509 SOUTH PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084 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: JAMES H STERLING

T

06/18/2010

Electronic Signature of Signing Officer or Director

Date