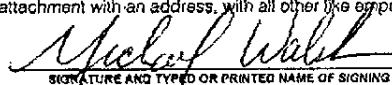


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P14852 1. Entity Name HIGHBEACH, INC.				
Principal Place of Business 115 FRANCIN ST BANGOR, ME 04402-0702 US		Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US		
DO NOT WRITE IN THIS SPACE				
				01232006 No Chg-P CR2E034 (11/05)
		4. FEI Number 01-0428078		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE		
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 _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MICHAEL P. 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEEDHAM, THOMAS E.. 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSH, MARK T. 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM J. 1000 MARKET ST STE 300 PORTSMOUTH, NH 03801			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, THOMAS T. 1000 MARKET ST STE 300 PORTSMOUTH, NH 03801			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANIGAN, SUZANNE 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801			
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: 		Michael Walsh, Pres 1/26/06 (64) 279-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		