FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am Secretary of State P39716 DOCUMENT # 1. Entity Name 01-28-2002 90011 048 ***150.00 BEACON INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 13104 MEADOW BREEZE DR. 13104 MEADOW BREEZE DR. **WELLINGTON FL 33414** WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2423603 Not Applicable Zip Country Żίρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MADES, HOWARD Street Address (P.O. Box Number is Not Acceptable) 13104 MEADOW BREEZE DRIVE WELLINGTON FL 33414 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition MADES, HOWARD NAME NAME 13104 MEADOW BREEZE DRIVE STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MADES. MICHELLE NAME 16000 BENT TREE FOREST CIR SUITE 624 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF DALLAS-TX-75248 CITY-ST-ZIP PS TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MADES, JANE NAME STREET ADDRESS 13104 MEADOW BREEZE DRIVE STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

1/09/02 (561) 333-9088