2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM DOCUMENT # P93000002202 **Secretary of State** 1. Entity Name SECOND BEACH, INC. Principal Place of Business Mailing Address 900 W. LINTON BLVD. 900 W. LINTON BLVD. SUITE 102 SUITE 102 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0387212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JOSEPHSON, JAY A DO NOT WRITE 900 W. LINTON BLVD. SUITE 102 IN THIS SPACE DELRAY BEACH, FL 33444 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 9. Election Campaign Financing \$5.00 May Be 1/000000387688 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 01/19/06-80047-019 150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JOSEPHSON, JAY NAME STREET ADDRESS 18110 BLUE LAKE WAY CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME SZERDDA TEERTS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 feacht 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 tolerable 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 full officer by the empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF

F SIGHING OFFICER OR DIRECTOR

1/10/06

561-272-5555