2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040516

Entity Name: BEACHLAND HEATING AND AIR CONDITIONING, INC.

FILED Jun 30, 2005 Secretary of State

1866 COMMERCE AVENUE 1111 20TH STREET VERO BEACH, FL 32960 VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

1866 COMMERCE AVENUE 1111 20TH STREET VERO BEACH, FL 32960 VERO BEACH, FL 32960

FEI Number: 59-2443110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GAGLIARDI, ALBERTA
5025 TRADEWINDS ROAD
VERO BEACH, FL 32963 US
GAGLIARDI, RALPH
5025 TRADEWINDS ROAD
VERO BEACH, FL 32963 US

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: RALPH GAGLIARDI 06/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

5025 TRADEWINDS ROAD

VERO BEACH, FL 32963

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: GAGLIARDI, ALBERTA Name: GAGLIARDI, RALPH Address: 5025 TRADEWINDS ROAD Address: 5025 TRADEWINDS ROAD

Address: 5025 TRADEWINDS ROAD Address: 5025 TRADEWINDS ROAD
City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete Title: VP (X) Change () Addition Name: GAGLIARDI, RALPH Name: GAGLIARDI, ROBERT

Address: 5025 TRADEWINDS ROAD Address: 3273 ARBOR OAKS LANE City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete Title: S (X) Change () Addition Name: GAGLIARDI, ROBERT Name: GAGLIARDI, MARK

 Name:
 GAGLIARDI, ROBERT
 Name:
 GAGLIARDI, MARK

 Address:
 5025 TRADEWINDS ROAD
 Address:
 2025 DE LEON AVENUE

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 VERO BEACH, FL 32963

Title: T (X) Delete Title: () Change () Addition Name: GAGLIARDI, MARK Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RALPH GAGLIARDI D 06/30/2005