

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079252

FILED
Jan 24, 2006
Secretary of State

Entity Name: BEACHCOMBERS FROM AFAR, INC.

Current Principal Place of Business:

9430 TALL PINES WAY
PIQUA, OH 45356

New Principal Place of Business:

Current Mailing Address:

9430 TALL PINES WAY
PIQUA, OH 45356 US

New Mailing Address:

FEI Number: 65-0447517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: JOHNSTON, TIMOTHYQ
Address: 9430 TALL PINES WAY
City-St-Zip: PIQUA, OH 45356

Title: PD () Delete
Name: JENNINGS, JAMES D
Address: 7183 JORDAN RD
City-St-Zip: LEWISBURG, OH 45338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: JOHNSTON, TIMOTHY
Address: 9430 TALL PINES WAY
City-St-Zip: PIQUA, OH 45356

Title: () Change () Addition
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 Chapter 119, 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: TIMOTHY JOHNSTON

D

01/24/2006

Electronic Signature of Signing Officer or Director

_____ Date