


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000000632</b>	
1. Entity Name <b>BEACH INSURANCE, INC.</b>	

Principal Place of Business <b>5964 CORAL RIDGE DR CORAL SPRINGS, FL 33076</b>	Mailing Address <b>5964 CORAL RIDGE DR CORAL SPRINGS, FL 33076</b>
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**DO NOT WRITE IN THIS SPACE**



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0459915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BEACH, MICHAEL H  
5964 CORAL RIDGE DR  
CORAL SPRINGS, FL 33076**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEACH, MICHAEL H. 3111 UNIVERSITY DRIVE -SUITE 720 CORAL SPRINGS, FL 33065
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U000000773427  
09/06/07-80002-016 400.00

U000000773427  
09/06/07-80002-017 150.00

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:**  **May 4, 2007** 954 346 484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #