


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000024799</b> 1. Entity Name BEECH ANNUALS, INC.		
Principal Place of Business 5400 87TH STREET WABASSO, FL 32970 US	Mailing Address 1385 RIVER RIDGE DRIVE VERO BEACH, FL 32963 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HMIELEWSKI, CHARLES P. 1385 RIVER RIDGE DRIVE VERO BEACH, FL 32963		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HMIELEWSKI, CHARLES 1385 RIVER RIDGE DR VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HMIELEWSKI, SHARON 1385 RIVER RIDGE DR VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 <u>Sharon Hmielewski</u> SHARON HMIELEWSKI <u>MAR 20 2006</u> (78) 589-1717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3237712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000477042  
04/06/06-80034-022 150.00

**DO NOT WRITE  
IN THIS SPACE**