

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90026 036 \*\*\*150.00

<b>DOCUMENT # P95000070149</b> 1. Entity Name <b>BEACH TOWER PROPERTIES, INC.</b>																																																																																																																																																					
Principal Place of Business <b>115 SANDPOINT CT</b> <b>VERO BEACH, FL 32963 US</b>			Mailing Address <b>115 SANDPOINTE CT.</b> <b>VERO BEACH, FL 32963 US</b>																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number <b>65-0607542</b>																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent <b>MALVAN, MITCHELL B</b> <b>115 SANDPOINTE CT</b> <b>VERO BEACH, FL 32963</b>																																																																																																																																																					
7. Name and Address of New Registered Agent Name <b>-Paul R. Berg Esquire-</b> Street Address (P.O. Box Number is Not Acceptable) <b>3333 - 20th Street</b> City <b>Vero Beach</b> FL Zip Code <b>32960</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 <u><i>Paul R. Berg</i></u> DATE <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PTD MALVAN, MITCHELL B 115 SANDPOINTE CT VERO BEACH, FL 32963</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PTSD Malvan, Mitchell B. 115 Sandpointe Ct. 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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><i>M. B. Malvan Pres</i></u> <u><i>Mitchell B. Malvan, Pres.</i></u> <u>2/16/06</u> <u>772-532-4040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					