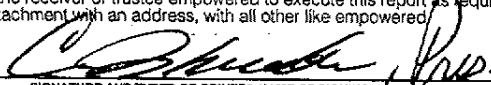


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000021355		
1. Entry Name BEACH RESORT MANAGEMENT OF ST. PETERSBURG, INC.		
Principal Place of Business 1445 BRIGHTWATERS BLVD., NE ST PETERSBURG, FL 33704		Mailing Address 1445 BRIGHTWATERS BLVD., NE ST PETERSBURG, FL 33704
DO NOT WRITE IN THIS SPACE		
		
02202007 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3364064		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ISKANDER, CYNTHIA M 1445 BRIGHTWATERS BLVD., N.E. ST PETERSBURG, FL 33704		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PSD	
NAME	ISKANDER, CYNTHIA M	
STREET ADDRESS	1445 BRIGHTWATERS BLVD., NE	
CITY - ST - ZIP	ST PETERSBURG, FL 33704	
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: 		2/21/07 727 799 1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #