

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000053063 1. Entity Name ELECTRIC BEACH INTERNATIONAL, INC.					
Principal Place of Business 216 CLERMONT AVENUE LAKE MARY FL 32746			Mailing Address 216 CLERMONT AVENUE LAKE MARY FL 32746		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3396653	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, KEVIN 216 CLERMONT AVENUE LAKE MARY FL 32746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
6. 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.				7. Name and Address of New Registered Agent City FL Zip Code	
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KEVIN SMITH 216 CLERMONT ROAD LAKE MARY FL 32746 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐ U00000552008 05/13/06-80124-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WENDY SMITH 216 CLERMONT ROAD LAKE MARY FL 32746 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ KEVIN SMITH 4/28/06 40732008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					