2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P96000054489 Apr 16, 2007 08:00 AM Secretary of State 1. Entity Name BEACH CITY, INC. Principal Place of Business Mailing Address 1508 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32118 1508 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3386260 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PASPALAKIS, CHRIS 1508 SOUTH ATLANTIC AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 City Zip Code 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 pointed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when recistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HILE ☐ Change Addition PASPALAKIS, CHRIS NAME 1508 SOUTH ATLANTIC AVE. STREET ADDRESS STREET ADDRESS U00000709037 DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP 04/24/07-80139 150.111 Change Addition Delete HILE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P Li Delete HILE Ti Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DHE ☐ Detete ☐ Change □ Addillon NAME NAME STIVE ET ADDRESS STREET ADDRESS CITY-S1-ZIP CilY - S1-7/P DIRE ☐ Delete HHE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST-ZIP Delete ш □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY-SI-ZIP 12. I heroby 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 eath; 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.

FILED