


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000031241 1. Entity Name BEACHFRONT PROPERTIES OF BOCA GRANDE, INC.		
Principal Place of Business 2961 PLACIDA ROAD SUITE 11 ENGLEWOOD, FL 34224 US	Mailing Address 2961 PLACIDA ROAD SUITE 11 ENGLEWOOD, FL 34224 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'CONNOR, KRISTIN 11570 BRIDLE PATH LANE PLACIDA, FL 33946		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOOGE, LAWRENCE MR 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'CONNOR, KRISTIN 1570 BRIDLE PATH LNAE PLACIDA, FL 33946	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, CHARLES 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOOD, MAURICE B MR 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921	
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><i>Kristin O'Connor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-27-2006</u> <u>941-8175924</u> <small>Date Daytime Phone #</small>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0745456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/08/06-80015-020 150.00

**DO NOT WRITE
IN THIS SPACE**