

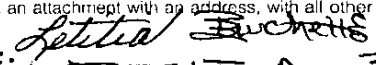


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90090 012 ***150.00

DOCUMENT # P99000018288 1. Entity Name BEACH AEROBIC WORKOUT CO.																											
Principal Place of Business 4912 15TH STREET EAST BRADENTON FL 34203		Mailing Address 4912 15TH STREET EAST BRADENTON FL 34203																									
2. Principal Place of Business ARBOR TERRACE Suite, Apt. #, etc. 5642 5TH STREET W City & State BRADENTON FL Zip 34207		3. Mailing Address P.O. Box Suite, Apt. #, etc. 2205 WESCO City & State FL Zip 34264																									
4. FEI Number 65-0894122		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)																									
6. Name and Address of Current Registered Agent BURCHETTE, LETITIA 4912 15TH ST. E. BRADENTON FL 34203		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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)</small> LETITIA BURCHETTE (NOTE: Registered Agent signature required when re-electing) DATE 4/27/06																											
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 \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>																									
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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:  LETITIA BURCHETTE - 4-27-06 941-727-4335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											