

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055464

FILED
Apr 19, 2006
Secretary of State

Entity Name: BEACHWAY INN RESORT, INC.

Current Principal Place of Business:

2227 KENT PLACE
CLEARWATER, FL 33464

New Principal Place of Business:

Current Mailing Address:

2227 KENT PLACE
CLEARWATER, FL 33464

New Mailing Address:

FEI Number: 65-0924641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISHARA, MACARI
2227 KENT PLACE
CLEARWATER, FL 33464 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BISHARA, MAGED
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: BISHARA, MAGDA K
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33464

Title: D () Delete
Name: HANNA, MIRANDA
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: HANNA, ASHRAF
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: BISHARA, MACARI
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BISHARA, MACARI M
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33464

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BISHARA, MAGDA K
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACARI M BISHARA

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date