2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P99000089854 1. Entity Name 04-28-2005 90148 032 ***150.00 FANTASY PLANET BEACH CO. Principal Place of Business Mailing Address 12928 VILLAGE BLVD. E. MADEIRA BEACH FL 33708 12928 VILLAGE BLVD. E. 14006919 MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3604043 Not Applicable Zip. Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name ASYAG, MOSHE Street Address (P.O. Box Number is Not Acceptable) 12928 VILLAGE BLVD. E. MADEIRA BEACH FL 33708 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete THILE ☐ Addition ASYAG, MOSHE NAME NAME 12928 VILLAGE BLVD. E. STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 CITY-ST-ZIP CITY-ST-7IP D ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME ASYAG, DAVID NAME 12928 VILLAGE BLVD. E. STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TIT1 F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ICER OR DIRECTOR

with an address, with all other like empowered

MOSHE ASYAG

_changed, or.on.an.attachment

SIGNATURE: *

FILED