


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000105172	
1. Entity Name BEACHSIDE D.B.S., INC.	

Principal Place of Business 3309 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	Mailing Address 3309 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent FORNARI, LAWRENCE J 3309 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	
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4. FEI Number 59-3611787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P. O. Box Number is Not Acceptable)	
City	FL 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORNARI, LARRY		NAME	
STREET ADDRESS 3309 S. ATLANTIC AVE		STREET ADDRESS	
CITY- ST- ZIP DAYTONA BEACH FL 32118		CITY- ST- ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORNARI, MARIE G		NAME	
STREET ADDRESS 3309 S. ATLANTIC AVE		STREET ADDRESS	
CITY- ST- ZIP DAYTONA BEACH FL 32118		CITY- ST- ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME APPLEGATE, MARK		NAME	
STREET ADDRESS 3309 S. ATLANTIC AVE		STREET ADDRESS	
CITY- ST- ZIP DAYTONA BEACH FL 32118		CITY- ST- ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME APPLEGATE, LAURA		NAME	
STREET ADDRESS 3309 S. ATLANTIC AVE		STREET ADDRESS	
CITY- ST- ZIP DAYTONA BEACH FL 32118		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/9/05** **386-767-1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR