## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: Multiple on Printed Name of Signing Officer or Director

## **FILED** Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90038 021 \*\*\*150.00

Daytime Phone #

DOCUMENT # P99000110166  1. Entity Name SOUTH BEACH ROAD CORPORATION							03-28-2008	5 90036 02	,1 130	,.oo	
Principal Place	e of Business	Mailing Address									
330 S. BEACH RD. Hobe Sound, FL 33455		330 S. BEACH RD. Hobe Sound, FL 33455									
2. Principal Pl	ace of Business - No P.O. 8ox #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02252008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Numb 65-106			<b></b>	plied For t Applicable	
Zip	Country Zip Co		Count	ry	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered A	gent		
DOANE, REBECCA G ESQ.				Name .							
2000 PGA	E & DOANE, P.A. BOULEVARD, STE. 4410		Street Address (P.O. Box Number is Not Acceptable)								
NORTH PA	ALM BEACH, FL 33408			City		<del></del>		FL	Zip Code	e	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or re	eaistere	ed agent, or bo	th, in the State of I		amiliar with.	and accept	
the obligati	ons of registered agent.										
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	1 Agent signature	required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Conf		cing	<b>\$5</b> .6 Adde	00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11					ADDITIONS	CHANGES TO O	FFICERS AND			
TITLE NAME	P Delete			1					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1007 LOWELL RD			ET ADDRESS •ST-ZIP				_			
TITLE	20000		TITLE						☐ Change	Addition	
NAME STREET ADDRESS	PETTENGILL, VIRGINIA C 37 WENHAM ROAD	NA Sti		ET ADDRESS							
CITY-ST-ZIP	TOPSFIELD, MA 01983			ST-ZIP							
TITLE	T Delete TITL					Ten.	· (ac P		Change	Addition	
NAME STREET ADDRESS	PAUL-CASEY, JENNIFER C 3 RAINBOW ROAD		name Stres	ET ADDRESS	3 Ra	in bow R	rifer P.				
CITY-ST-ZIP	MARBLEHEAD, MA 01945		CITY-				MA 0194	5			
TITLE		☐ Delete	TITLE NAME						☐ Change	Addition	
NAME STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP		<del></del>	CITY-	ST-ZIP							
TITLE		☐ Delete	TITLE	1					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS							
CITY-ST-ZIP			CITY-	-ST-ZIP							
TITLE NAME		☐ Delete	TITLE	ì					☐ Change	Addition	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY-	-ST-ZIP							
12. I hereby of indicated of the corchanged	pertify that the information supplied wit on this report or supplemental peport poration or the receiver or trustee emp or on an attachment with an address.	h this filing does not qualify fi strue and accurate and that abwered to execute this repon with all other like empowered	or the exe my signat t as required.	emptions cor ure shall hav red by Chap	ntained ve the s ster 607	in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes ct as if made unde es; and that my na	i. I further cert er oath; that I a ame appears in	ify that the in am an officer n Block 10 o	nformation or director r Block 11 if	
A CAR of 11 Alam							7/100				
SIGNATURE: ////////											