2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT #V07320 01-10-2007 90049 005 ***150.00 1. Entity Name J. B. BECK ENTERPRISES, INC. Principal Place of Business Mailing Address 40001022 27082 NE EADS ROAD 27082 NE EADS ROAD GRAND RIDGE, FL 32442 US GRAND RIDGE, FL 32442 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3101469 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, LUTHER J 27082 NE EADS ROAD Street Address (P.O. Box Number is Not Acceptable) GRAND RIDGE, FL 32442 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition BECK, LUTHER J NAME NAME STREET ADDRESS 27082 NE EADS ROAD STREET ADDRESS GRAND RIDGE, FL 32442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BECK, SCOTT K Beck, Scott K. NAME NAME STREET ADDRESS 19406 NE BECK LANE STREET ADDRESS CITY-ST-ZIP CLARKSVILLE, FL 32430 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BECK, JEANETTE B NAME NAME STREET ADDRESS 27082 NE EADS ROAD STREET ADDRESS GRAND RIDGE, FL. 32442 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 exemptions contained 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 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 10, 2007 8:00 am