


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # V14558 1. Entity Name HIDEAWAY BEACH, INC.	
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Principal Place of Business 1421 COURT ST #B CLEARWATER, FL 34616 US	Mailing Address 2100 W. BAY DR. LARGO, FL 33770 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3151857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERSEM, THOMAS G 1421 COURT ST #B CLEARWATER, FL 34616

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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, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIMARIA, VINCENT 105 PITTFIELD RD SCARBOROUGH, ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARIA, GIUSEPPINA 105 PITTFIELD RD SCARBOROUGH, ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DIMARIA, AGOSTINO 33 REDBUD CRESCENT TORONTO, ON M1S3X6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000646695 03/06/07-80041-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	X JAN 15/2007 X 416 297 9833 <small>Date Daytime Phone</small>
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