
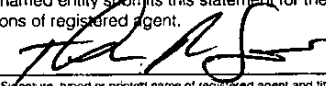
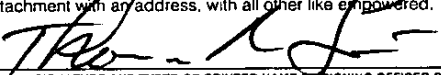


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90167 036 \*\*\*150.00

<b>DOCUMENT # V64299</b> 1. Entity Name <b>BEACH PIZZA INC.</b>					
Principal Place of Business <b>2031 ROGERO RD JACKSONVILLE, FL 32211 US</b>			Mailing Address <b>3047-2 ST. JOHNS BLUFF RD. JACKSONVILLE, FL 32246 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>9122 GRIFFIN ROAD</b>			
City & State		City & State <b>COOPER CITY, FL</b>		4. FEI Number <b>59-3141259</b>	
Zip <b>33328</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, THOMAS R. 3047-2 ST. JOHNS BLUFF RD. S. JACKSONVILLE, FL 32246</b>				7. Name and Address of New Registered Agent Name <b>THOMAS R. LEWIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>11555 CENTRAL PARKWAY SUITE 901</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32224</b>	
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  DATE <b>2/21/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LEWIS, THOMAS R 3047 S. ST. JOHNS BLUFF RD., SUITE 2 JACKSONVILLE, FL 32246</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEWIS, THOMAS R 11555 CENTRAL PARKWAY SUITE 901 JACKSONVILLE, FL 32224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>2/21/06</b> Daytime Phone # <b>904997 7411</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50001739



02022006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable