2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Feb 03, 2006 08:00 A		
DOCUMENT # P0300001904 1. Entity Name A1A BEACH REPS. INC.		046			Secreta	ry of State
Principal Plac 2031 BALLR COCOA BEAC		Mailing Address 2031 BALL RD COCOA BEACH, FL 32931				
				}		CR2E034 (11/05)
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 20-06786	83	Applied For Not Applicate \$8.75 Additional
	6 hisma and Address of Current D	reletared Americ	r	1		Fee Required
6. Name and Address of Gurrent Registered Agent SUPER, FRANK R 2031 BALI RD COCOA BEACH, FL 32931			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for tions of registered agent Signature, typed or printed name of registered agent and	od Super	red affice ar register ed Agent signature required		n the State of Florida.	. I am familiar with, and access 3/040
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			· · · · · · · · · · · · · · · · · · ·	.00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPER, FRANK R 2031 BALT RD COCOA BEACH, FL 32931					
TITLE NAME STREET ADDRESS CATY-ST-ZIP				0	//90000418 2/14/06-800	3511 309-825 150.00
TITLE NAME SIREES ADDRESS CSTY - ST - ZIP				DO N	IOT WR	ITE
Title Name Street Address City-St-Zip				IN TI	HIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oally, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIT

Daytime Phone #