2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755633

FILED Jan 05, 2006 Secretary of State

Entity Name: GOLD COAST RADIO CONTROLLERS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ODCHUCK L TON, FL 334:				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ODCHUCK L TON, FL 334:				
FEI Number:	: 59-2134273	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent	t: Name and Address o	of New Registered Agent:	
21512 WO	S, WALTER ODCHUCK L TON, FL 334:				
	named entity of Florida.	submits this statement for	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	onic Signature of Registered	l Agent	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KELEM, HOW 13664 KILTIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRUSCO, JOS	NE LAKES BLVD #102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHRISTIANSE 4763 NW 50 C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (EICHLER, JAY 1060 SW 2ND BOCA RATON). ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LAWRENCE, I 10691 LADY F BOCA RATON	PALM LA.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RICE, BOBBI 8912 ESCONI BOCA RATON		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER DREYFUS S 01/05/2006