

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90018 029 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                                                                                     |                                                                             |                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N96000002392</b><br>1. Entity Name<br><b>SUNCOAST CENTER PROPERTIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                     |                                                                             |                                                                                                           |  |
| Principal Place of Business<br><b>4024 CENTRAL AVE.<br/>ST. PETERSBURG, FL 33711 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |                                                                                     | Mailing Address<br><b>4024 CENTRAL AVE.<br/>ST. PETERSBURG, FL 33711 US</b> |                                                                                                                                                                                            |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | 3. Mailing Address                                                                  |                                                                             |                                                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | Suite, Apt. #, etc.                                                                 |                                                                             |                                                                                                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              | City & State                                                                        |                                                                             |                                                                                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                      | Zip                                                                                 | Country                                                                     | 4. FEI Number<br><b>59-3385984</b>                                                                                                                                                         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                     |                                                                             | Applied For<br>Not Applicable                                                                                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DAIRE, BARBARA E<br/>4024 CENTRAL AVE.<br/>ST. PETERSBURG, FL 33711</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                     |                                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code                |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                     |                                                                             |                                                                                                                                                                                            |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                             | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                     |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                     |                                                                             |                                                                                                                                                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |                                                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> <input type="checkbox"/> Delete<br><b>BRANSON, ERIC M</b><br><b>ONE PROGRESS PLAZA, STE 165</b><br><b>ST. PETERSBURG, FL 33701</b>  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> <input type="checkbox"/> Delete<br><b>GUARINO, JOHN</b><br><b>424 CENTRAL AVE SUITE 1000</b><br><b>ST PETERSBURG, FL 33701</b>      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> <input type="checkbox"/> Delete<br><b>MELBY, ROBERT</b><br><b>424 CENTRAL AVENUE, SUITE 1000</b><br><b>ST. PETERSBURG, FL 33701</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>GEORGE MATZ</b><br><b>7343 SAWGRASS PT DR</b><br><b>PINELLAS PARK, FL 33782</b>                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>ANTHONY SMLET</b><br><b>9495 BLIND PASS ROAD # 902</b><br><b>ST PETERSBURG BEACH, FL 33706</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 617, 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. |                                                                                                                                              |                                                                                     |                                                                             |                                                                                                                                                                                            |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                     | 03/27/08 (727) 327-7656<br><small>Date Daytime Phone #</small>              |                                                                                                                                                                                            |  |