

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009652

FILED
Jan 04, 2007
Secretary of State

Entity Name: GULFCOAST INSTITUTE OF TECHNOLOGY, INC.

Current Principal Place of Business:

4763 TRAVINI CIR
204
SARASOTA, FL 34235

New Principal Place of Business:

1535 NAPOLI DR. E
SARASOTA, FL 34232

Current Mailing Address:

4763 TRAVINI CIR
204
SARASOTA, FL 34235

New Mailing Address:

1535 NAPOLI DR. E
SARASOTA, FL 34232

FEI Number: 02-0567196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODFRIEND, STEVEN H
4763 TRAVINI CIR
204
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

GOODFRIEND, STEVEN H
1535 NAPOLI DR. E
SARASOTA, FL 34232 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/04/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODFRIEND, STEVEN H
Address: 4763 TRAVINI CIR, #204
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOODFRIEND, STEVEN H
Address: 1535 NAPOLI DR. E
City-St-Zip: SARASOTA, FL 34232

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN H GOODFRIEND

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date