
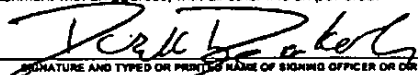


**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90083 042 \*\*\*\*50.00  
 06-18-2007 90001 032 \*\*\*100.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P06000026650</b>			
1. Entity Name <b>SUN COAST CAPITAL &amp; INVESTMENTS CORP.</b>			
Principal Place of Business <b>8905 INDIAN WELLS CT DULUTH, GA 30097</b>		Mailing Address <b>8905 INDIAN WELLS CT DULUTH, GA 30097</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
03272007		Chg-P	CR2E034 (12/06)
4. FEI Number <b>20-4593768</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DR</b> <b>STE 4</b> <b>WESTON, FL 33331</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKARICH, DEREK W</b>	NAME	
STREET ADDRESS	<b>8905 INDIAN WELLS CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DULUTH, GA 30097</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKARICH, DEREK W</b>	NAME	
STREET ADDRESS	<b>8905 INDIAN WELLS CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DULUTH, GA 30097</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>April 2, 2007 (770)-476-3991</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40120919



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000026650**

1. Entity Name  
**SUN COAST CAPITAL & INVESTMENTS CORP.**



## ATTACHMENT

Principal Place of Business <b>8905 INDIAN WELLS CT DULUTH, GA 30097</b>	Mailing Address <b>8905 INDIAN WELLS CT DULUTH, GA 30097</b>
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40120919

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

03272007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4593768** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

<b>8. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD BAKARICH, DEREK W	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8905 INDIAN WELLS CT			NAME			
STREET ADDRESS	DULUTH, GA 30097			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKARICH, DEREK W			NAME			
STREET ADDRESS	8905 INDIAN WELLS CT			STREET ADDRESS			
CITY-ST-ZIP	DULUTH, GA 30097			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Derek Bakarch* **Derek Bakarch** Date: 02-04-2007 **270-4763997**