

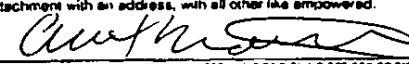


FILED
 3. Apr 10, 2008 8:00 am
 Secretary of State

03-24-2008 90045 015 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | | | |
|--|---|--|---|
| DOCUMENT # P07000132398 | |  | |
| 1. Entity Name PALM COAST FLORIDA PROPERTY MANAGEMENT INC. | | | |
| Principal Place of Business 29 OLD KINGS ROAD N. SUITE 4A PALM COAST, FL 32137 | | Mailing Address 29 OLD KINGS ROAD N. SUITE 4A PALM COAST, FL 32137 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 8. Name and Address of Current Registered Agent MARCHELLETTA, ANTHONY SR. 100 FLAMINGO DRIVE PALM COAST, FL 32137 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |
| 6. 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 2-13-08 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MARCHELLETTA, ANTHONY SR 100 FLAMINGO DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MARCHELLETTA, RHONDA 100 FLAMINGO DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 4/4/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | |

66006337



02122008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1581059 Applied For Not Applicable

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE