

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 006 ***550.00

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05302008 No Chg-P CR2E034 (11/05)

DOCUMENT # P94000052942
1. Entity Name
SOUTHCOAST GUARANTEED MORTGAGE CORP.



Principal Place of Business: 10121 W SAMPLE RD, CORAL SPRINGS, FL 33065 US
Mailing Address: 10121 W SAMPLE RD, CORAL SPRINGS, FL 33065 US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0505663 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANDEL, PAUL
10121 W SAMPLE RD
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANDEL, PAUL
STREET ADDRESS	6801 E. CYPRESSHEAD DRIVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Paul Mandel **5/30/2008** **954-755-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PAUL MANDEL