

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 20, 2007
Secretary of State

DOCUMENT# N98000001045

Entity Name: EMERALD COAST UNITED, INC.**Current Principal Place of Business:**PO BOX 236
DESTIN, FL 32540**New Principal Place of Business:**HWY 85 & COLLEGE BLVD
NICEVILLE, FL 32578**Current Mailing Address:**PO BOX 236
DESTIN, FL 32540**New Mailing Address:****FEI Number:** 59-3467330**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PLEAT & ASSOCIATES PA
4477 LEGENDARY DR
202
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**

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

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEEKLEY, JOHN
Address: 211 DOLPHIN ESTATES CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: GMGR () Delete
Name: ANDRE, KATHY
Address: 250 MATTIE'S WAY
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: RIMSA, SUSAN
Address: 210 MISTY COURT
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOEGG, JULIE
Address: 4747 CORONADO CIRCLE
City-St-Zip: CRESTVIEW, FL 32539

Title: GMGR (X) Change () Addition
Name: BUSOVNE, BERNARD
Address: 1336 WINDWARD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: NICOLSON, SCOTT
Address: 62 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN RIMSA

T

07/20/2007

Electronic Signature of Signing Officer or Director

Date