
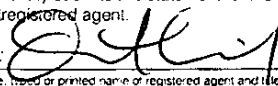
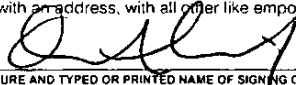


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90360 045 \*\*\*158.75

<b>DOCUMENT # 592761</b> 1. Entity Name <b>GULF COAST SYSTEM DESIGN COMPANY</b>			
Principal Place of Business <b>2025 CATTLEMEN RD UNIT A SARASOTA, FL 34232 US</b>		Mailing Address <b>2025 CATTLEMEN RD UNIT A SARASOTA, FL 34232 US</b>	
2. Principal Place of Business <b>1940 Northgate Blvd.</b>		3. Mailing Address <b>1940 Northgate Blvd.</b>	
Suite, Apt. #, etc. <b>B-6</b>		Suite, Apt. #, etc. <b>B-6</b>	
City & State <b>Sarasota, Fl</b>		City & State <b>Sarasota, Fl</b>	
Zip <b>34234</b>	Country	Zip <b>34234</b>	Country
4. FEI Number <b>59-1871085</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVID G. B. LINDSAY 2025 CATTLEMEN ROAD UNIT A SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name <b>Lindsay, David G.B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1940 Northgate Blvd., Ste. B-6</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34234</b>	
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 		<b>David Lindsay, President</b> <b>04/21/06</b> <small>(NOTE: Registered Agent signature required when resigning)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>SD</b> <input type="checkbox"/> Delete NAME <b>LINDSAY, PRISCILLA L.</b> STREET ADDRESS <b>2025 CATTLEMEN RD, UNIT A</b> CITY-ST-ZIP <b>SARASOTA, FL 00000.</b>	TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Lindsay, Priscilla L.</b> STREET ADDRESS <b>1940 Northgate Blvd., Ste. B-6</b> CITY-ST-ZIP <b>Sarasota, Fl 34234</b>		
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>LINDSAY, DAVID G. B.</b> STREET ADDRESS <b>2025 CATTLEMEN RD, UNIT A</b> CITY-ST-ZIP <b>SARASOTA, FL</b>	TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Lindsay, David G.B.</b> STREET ADDRESS <b>1940 Northgate Blvd., Ste. B-6</b> CITY-ST-ZIP <b>Sarasota, Fl 34234</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: 		<b>David Lindsay</b> <b>04/21/06</b> <b>941/358-6020</b> President	