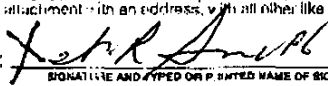


FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90015 025 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000003680			
1. Entity Name EAST COAST BEVERAGE CORP.			
Principal Place of Business 1575 BELLA CRUZ DRIVE, #328 THE VILLAGES, FL 32159		Mailing Address 1575 BELLA CRUZ DRIVE, #328 THE VILLAGES, FL 32159	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		08072006 Chg-P CR2E034 (11/05)	
4. FEI Number 84-1039296		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WILLIAM R 1575 BELLA CRUZ DRIVE, #328 THE VILLAGES, FL 32159		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signatures by add or printed name of registered agent and \$50 fee applicable. (NOTE: Registered Agent signature required when available.)			
FILE NOW!!! FEE IS \$150.00 Due by September 5, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFS SMITH, WILLIAM R 1575 BELLA CRUZ DRIVE, #328 THE VILLAGES, FL 32159 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EC FOISEN, ARNOLD 1575 BELLA CRUZ DRIVE # 328 THE VILLAGES, FL 32159 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 charged, or in an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 9-4-06 352 259 0012	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	