2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 05, 2007 08:00 A Secretary of State **DOCUMENT # F62831** 1. Entity Name WEST COAST SOLAR CONCEPTS, INC. Principal Place of Business Mailing Address 4400 PARK BOULEVARD 4400 PARK BOULEVARD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 US No Chg-P CR2E034 (11/05) 01162007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2156713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HYATT, THOMAS L DO NOT WRITE 1971 COBBLESTONE WAY CLEARWATER, FL 33760 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-natating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HYATT, THOMAS L NAME STREET ADDRESS 1971 COBBLESTONE WAY CLEARWATER, FL 33760 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000690294 04/11/07-80069-017 150.00 CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CJTY-ST-ZIP TITLE IN THIS SPACE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STEWING OFFICER OR DIRECTOR