

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81906

FILED
Apr 18, 2007
Secretary of State

Entity Name: SUNCOAST TOOL & GAGE INDUSTRIES, INC.

Current Principal Place of Business:

11625-54TH STREET, NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

11625-54TH STREET, NORTH
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-2212545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, MICHAEL J.
111 MASTERS LANE
SAFETY HARBOR, FL 34695 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: POWERS, LLOYD
Address: 39645 MUIRFIELD LANE
City-St-Zip: NORTHVILLE, MI 48167

Title: VP () Delete
Name: POWERS, GWENDOLYN,
Address: 14707 NORTHVILLE RD APT#521
City-St-Zip: PLYMOUTH, MI 48170

Title: S () Delete
Name: HAYDEN, LISA M
Address: 2016 DIPLOMAT DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: POWERS, MICHAEL J.,
Address: 111 MASTERS LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: POWERS, DOYLE M
Address: 11851 HUNTERS CREEK CT
City-St-Zip: PLYMOUTH, MI 48170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HAYDEN

S

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date