

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005606

Entity Name: G.P. COQUINA COVE, INC.

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

3011 W. GRAND BLVD., STE. 2405
DETROIT, MI 48202

New Principal Place of Business:

111 MACK AVENUE
DETROIT, MI 48201

Current Mailing Address:

3011 W. GRAND BLVD., STE. 2405
DETROIT, MI 48202

New Mailing Address:

111 MACK AVENUE
DETROIT, MI 48201

FEI Number: 65-0792866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BLVD.
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BLVD.
SUITE 450
PALM BEACH GARDENS, FL 33410 US

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:

02/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: CUMMINGS, PETER D
Address: 3011 W. GRAND BLVD., STE. 2405
City-St-Zip: DETROIT, MI 48202

Title: VS () Delete
Name: CUMMINGS, KEITH L
Address: 3399 PGA BLVD., STE 450
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VP () Delete
Name: DEAN, DAVID A
Address: 3399 PGA BLVD STE 450
City-St-Zip: WEST PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: CUMMINGS, PETER D
Address: 111 MACK AVENUE
City-St-Zip: DETROIT, MI 48201

Title: VS (X) Change () Addition
Name: CUMMINGS, KEITH L
Address: 3399 PGA BLVD., STE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Change () Addition
Name: DEAN, DAVID A
Address: 3399 PGA BLVD STE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: DAVID A. DEAN

VP

02/01/2006

Electronic Signature of Signing Officer or Director

Date