


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 020 ***150.00

DOCUMENT # G27908
 1. Entity Name
BAY COAST REAL ESTATE, INC.



Principal Place of Business Mailing Address
9406 E. HWY. 92 SUITE 107 TAMPA, FL 33618 US **9406 E. HWY. 92 SUITE 107 TAMPA, FL 33618 US**

50013781



2. Principal Place of Business 3. Mailing Address
17105 Equestrian Trail **P.O. Box 933**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01272006 Chg-P CR2E034 (11/05)

City & State City & State
Odessa FL **Odessa FL**
 Zip Country Zip Country
33556 USA **33556 USA**

4. FEI Number Applied For
59-2302028 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHANBERG, MARC D
17105 EQUESTRIAN TRAIL
ODESSA, FL 33556

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHANBERG, MARC D	
STREET ADDRESS	9406 E. HWY, 92 STE 107	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTER, MARCIA L	
STREET ADDRESS	9406 HWY 92 STE 107	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17105 Equestrian Trail	
STREET ADDRESS	Odessa FL 33556	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8506 N. Hyaleah Rd.	
STREET ADDRESS	Tampa FL 33617	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Marc D. Shanberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06 813 926-2169
 Date Daytime Phone #