


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90337 039 ***150.00

DOCUMENT # G75541	
1. Entity Name WEST COAST MARCITE, INC.	

Principal Place of Business 5363-102ND ST N. ST. PETERSBURG, FL 33708	Mailing Address 5363-102ND ST N. ST. PETERSBURG, FL 33708
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50010786



2. Principal Place of Business 3884 RIBERA AVE. Suite, Apt. #, etc.	3. Mailing Address 3884 RIBERA AVE Suite, Apt. #, etc.
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02072006 Chg-P CR2E034 (11/05)

City & State Northport, FL	City & State Northport, FL
Zip 34286	Country Sarasota

4. FEI Number 59-2353039	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HART, PHILLIP W 5363 102ND ST. N. ST. PETERSBURG, FL 33708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3884 RIBERA AVE Phillip W. Hart City Northport FL Zip Code 34286	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HART, MARY <input type="checkbox"/> Delete 5363-102ND ST. N. ST PETERSBURG, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HART, MARY <input type="checkbox"/> Change <input type="checkbox"/> Addition 3884 RIBERA AVE <input type="checkbox"/> Change <input type="checkbox"/> Addition Northport, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, PHILLIP WAYNE <input type="checkbox"/> Delete 5363 102 ST N. ST PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HART, PHILLIP WAYNE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3884 RIBERA AVE <input type="checkbox"/> Change <input type="checkbox"/> Addition Northport, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Mary Hart</u> MARY HART ST <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/8/06</u>	Daytime Phone # <u>941-429-5083</u>
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