2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Kosanna M. Carl 5

## May 10, 2006 08:00 AM Secretary of State DOCUMENT # H59946 1. Entity Name SUNCOAST TRENDS, INC. Principal Place of Business Mailing Address 2301 16TH AVENUE N ST. PETERSBURG, FLORIDA ST. PETERSBURG FL 33713 ROSANNA CARL 14820 RULE DE BAYONNE 601 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2555062 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, RONALD C. Street Address (P.O. Box Number is Not Acceptable) 5348 FIRST AVE N. ST. PETERSBURG FL 33710 City Zip Code 3. 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 accethe obligations of registered agent. SIGNATURE Diginiture, typed or printed traine of registered ages, I and lift if applicable (NOTE Registered Agent signature required when constained) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee-Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SDP ☐ Delete THEF ☐ Change NAME CARL, ROSANNA NAME U00000365197 STREET ADDRESS 14820 RUE DE BAYONNE UNIT 601 STREET ADDRESS 05/20/06-80118-001 150.00 CITY-ST-ZIP **CLEARWATER FL 33762** City-ST-ZIP VP TITLE ☐ Delote ☐ Channe □ M<sup>2</sup> NAME TODD, CARL NAME STREET ADDRESS 3817 19TH AVENUE N STREET ADDRESS CHY-S1-21P ST PETERSBURG FL 33713 CITY-ST-ZIP ☐ Delete 1.00 ☐ Enange Aú. NAME NAME STREET ADDRESS STRILET ADDRESS CITY-ST-ZIP CKY-ST-ZP vne☐ Delete 33515 Change ☐ Aci NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change III ∌€ NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-IP CITY-ST- AP TITLE Defeto THE E Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informal 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 directly of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Bicall dranged, or on an allachment with an address, with all other like empowered.

ROSANNA M. CARL April 28 2006 (727) 321-49

FILED