


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # J40912 1. Entity Name WEST COAST BILLIARDS, INC. |  |
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| Principal Place of Business 6801 FOURTH STREET NORTH ST. PETERSBURG, FL 33702 | Mailing Address 6801 FOURTH STREET NORTH ST. PETERSBURG, FL 33702 US |
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIRACLE, WALLACE B
8495 74 AVE N
SEMINOLE, FL 33777

DO NOT WRITE IN THIS SPACE

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: Wallace B. Miracle DATE: 3-11-06

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

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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MIRACLE, WALLACE B. 8495-74 AVENUE NORTH LARGO, FL 33777 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVTS MIRACLE, CHARLEEN 8495-74 AVENUE N. LARGO, FL 33777 |
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03/28/06-80041-020 150.00

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: Wallace B. Miracle Date: 3-11-06 Daytime Phone #: 727-393-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR