2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J44401

1. Entity Name

SOUTHCOAST GEM, INC.

Principal Place of Business	Mailing Address
324 FAIRWAY COURT ATLANTIS FL 33462	324 FAIRWAY COURT ATLANTIS FL 33462

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 59-2755451	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, EUGENE T. 324 FAIRWAY COURT ATLANTIS FL 33462	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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing   **$5.00** May B
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BAKER, EUGENE T. STREET ADDRESS 324 FAIRWAY COURT CITY-ST-ZIP ATLANTIS FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000405329 02/07/06-80059-024 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby 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 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 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 Blo... if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Eugene T. Baker_   1/24/0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR