2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State
07-11-2005 90197 009 ***150.00

DOCUMENT # J74124

1. Entity Name
TREASURE COAST INC.

Principal Place of Business	Mailing Address
4600 ROCKY POINT WAY P O BOX 1220 STUART, FL 34997 US	PO BOX 1220 P O BOX 1220 PORT SALERNO, FL 34992-1220 US

66025801

2. Principal Place of Business: 4905 SE Dixie Hwy	3. Mailing Address: P O Box 1220
Suite, Apt. #, etc.: Suite #102	Suite, Apt. #, etc.
City & State: Port Salerno, FL	City & State: Port Salerno FL
Zip: 34992 Country	Zip: 34992 Country

07012005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2838485 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, MICHAEL F. 4600 ROCKY POINT WAY STUART, FL 34997	Name: Miller, Michael F Street Address (P.O. Box Number is Not Acceptable): 5519 SE Reef Way City: Stuart FL Zip Code: 34997

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] DATE: 7-7-05

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MICHAEL F. 4580 ROCKY POINT WAY → 5519 SE Reef Way STUART, FL 34997 Stuart, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #