2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92991

Entity Name: PLATINUM COAST FINANCIAL CORP.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

9517 GULF SHORE DR

STE 201

NAPLES, FL 34108 **Current Mailing Address:**

New Mailing Address:

NAPLES, FL 34103

961 TRAIL TERRACE DR.

9517 GULF SHORE DR STE 201

NAPLES, FL 34108

961 TRAIL TERRACE DR NAPLES, FL 34103 US

FEI Number: 65-0116552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MICELI, MICHAEL 9517 GULF SHORE DR #201

NAPLES, FL 34108

MICELI, LAUREL 961 TRAIL TERRACE DR. NAPLES, FL 34103

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.

SIGNATURE: LAUREL MICELI 01/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete MICELI, MICHAEL

Name: 9517 GULFSHORE DR #201 Address:

City-St-Zip: NAPLES, FL 34108

() Delete Title: **VPS** MICELI, LAUREL

Name: 9517 GULF SHORE DR 201 Address:

NAPLES, FL 34108 City-St-Zip:

() Delete Title:

Name: Address City-St-Zip:

Address:

City-St-Zip:

Title: () Delete

Name:

(X) Change () Addition Title:

PASS, PAMELA Name:

961 TRAIL TERRACE DR. Address: City-St-Zip: NAPLES, FL 34103

Title: (X) Change () Addition

Name: MICELI, LAUREL 961 TRAIL TERRACE DR. Address:

NAPLES, FL 34103 City-St-Zip:

Title: () Change (X) Addition MICELI, MEGAN Name:

961 TRAIL TERRACE DR. Address: City-St-Zip: NAPLES, FL 34103

Title: () Change (X) Addition

MICELI, LISA Name: Address: 961 TRAIL TERRACE DR. City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL MICELI S 01/23/2009