03/14/2006 13:34 9545812554 LASHBROOK

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Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90019 020 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K73018

1. Entity Name
EAST COAST SPECIALTIES, INC.

Principal Place of Business	Mailing Address
1754 SW BILTMORE ST PORT ST LUCIE, FL 34984	1754 SW BILTMORE ST PORT ST LUCIE, FL 34984 US

03142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
488 S Market Ave	488 S. Market Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce	City & State: Fort Pierce
Zip: 34982 Country: St Lucie	Zip: 34982 Country: St Lucie

4. FEI Number: 65-0125504 ☐ 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
HALL-MAY, SHEILA J 14969 SW SAND WEDGE DR INDIANTOWN, FL 34-9569	Name: Hall-May Sheila M Street Address (P.O. Box Number is Not Acceptable): 16352 SW Indianwood Circle Indiantown City FL Zip Code 34956

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: Sheila M Hall-May Sheila M Hall-May Director DATE 3/20/06
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, MICHAEL A 1477 SW GILROY PORT ST. LUCIE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL-MAY, SHEILA M 14469 SW SANDWEDGE DR INDIANTOWN, FL 34956 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall-May Sheila M 16352 SW Indianwood Circle Indiantown Florida 34956 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: Sheila M Hall-May / Sheila M Hall-May Director 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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