2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# K73018

Entity Name: EAST COAST SPECIALTIES, INC.

Current Principal Place of Business:

488 S MARKET AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

1806 SW BILTMORE ST
PORT ST LUCIE, FL 34984

Current Mailing Address:

488 S MARKET AVE
FORT PIERCE, FL 34982 US

New Mailing Address:

1806 SW BILTMORE ST
PORT ST LUCIE, FL 34984

FEI Number: 65-0125504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL-MAY, SHEILA M
16352 SW INDIANWOOD CIR
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: HALL, MICHAEL A
Address: 1477 SW GILROY
City-St-Zip: PORT ST. LUCIE, FL

Title: D ( ) Delete
Name: HALL-MAY, SHEILA M
Address: 16352 SW INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHEILA M HALL-MAY D 04/29/2008

Electronic Signature of Signing Officer or Director — Date