


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 046 ***150.00

DOCUMENT # L06948 1. Entity Name GOLD COAST ADVERTISING, INC.	
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Principal Place of Business 3000 SW 60 AVENUE 2380 College Ave DAVIE, FL 33314 33317	Mailing Address P.O. BOX 292037 DAVIE, FL 33329 US
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02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0138202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TRUMBACH, ANDREW 3000 SW 60 AVENUE 2380 College Ave DAVIE, FL 33314 33317

**DO NOT WRITE
IN THIS SPACE**

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: <u><i>Andrew Trumbach</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u><i>4/14/08</i></u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS LITTLEJOHN, BARBARA 3000 SW 60 AVENUE 2380 College Ave DAVIE, FL 33314 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALISON, OLIVER 430 NORTH PALM WAY LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 so empowered.	
SIGNATURE: <u><i>Alison Jayne Oliver</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>4/29/08</i></u> <small>DATE</small> VP <small>Daytime Phone #</small>