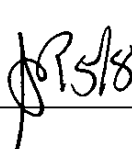


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L20287 1. Entity Name SUNCOAST COUNTRY CLUBS, INC.				FILED APR 27 AM 10:57 TALLAHASSEE, FLORIDA	
Principal Place of Business 3702 WEST KENNEDY BLVD. TAMPA, FL 33609 US		Mailing Address PO BOX 24269 TAMPA, FL 33623 US			
DO NOT WRITE IN THIS SPACE					
				04252006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2970278	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKES, JAMES R 3702 WEST KENNEDY BLVD. TAMPA, FL 33609				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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MIKES, JAMES R. 3702 WEST KENNEDY BLVD. TAMPA, FL 33609				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
		900074148179 05/08/06--01014--021 **650.00			
		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 empowered.					
SIGNATURE: 		4.26.06 813-495-4544			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES R. MIKES		Date Daytime Phone #			