


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90032 027 ***158.75

DOCUMENT # L29776 1. Entity Name EVA MARIE GOSTIN, INC.																																																					
Principal Place of Business 225 EVERGLADE AVENUE SUITE 6 PALM BEACH, FL 33480 US			Mailing Address 225 EVERGLADE AVENUE SUITE 6 PALM BEACH, FL 33480 US																																																		
2. Principal Place of Business - No P.O. Box # 255 EVERNIA ST		3. Mailing Address 255 EVERNIA ST																																																			
Suite, Apt. #, etc. 140B		Suite, Apt. #, etc. 140B																																																			
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 65-0156850																																																	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent LENZ, DAVID CPA 9121 N. MILITARY TRAIL #222 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name ALBERT R. COHEN CPA Street Address (P.O. Box Number is Not Acceptable) 11420 N. KENDALL DR #203 City MIAMI FL																																																	
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>Albert R. Cohen CPA</i></u> DATE <u>7/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> DP GOSTIN, EVA MARIA 225 EVERGLADE AVE #6 PALM BEACH, AL 35480 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 EVERNIA ST. #140B WEST PALM BEACH, FL 33401 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOSTIN, EVA MARIA 225 EVERGLADE AVE #6 PALM BEACH, AL 35480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 EVERNIA ST. #140B WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Albert R. Cohen</i></u> ALBES <u>7/30/2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					