2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008453

Entity Name: SUNCOAST X-PLOSION, INC.

FILED Apr 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2911 NODOSA DRIVE SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** 2911 NODOSA DRIVE SARASOTA, FL 34232 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELSI, SUSAN 2911 NODOSA DRIVE SARASOTA, FL 34232 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GELSI, STEVE Name: Name: 2911 NODOSA DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: HULL, SANDY Name: GREER, TOM Address: 5546 WILDE OAK WAY Address: 9623 OAKRUN DRIVE City-St-Zip: SARASOTA, FL 34232 City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: (X) Change () Addition CARR, LISA SWIFT, CHUCK Name: Name: 410 135TH STREET E. 6648 OLD RANCH ROAD Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: () Change (X) Addition Name: Name: DAVIS, BARRY 2531 SUNNYBROOK DRIVE Address: Address: SARASOTA, FL 34239 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition GELSI, SUSAN Name: Name: 2911 NODOSA DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: () Change (X) Addition GREER, ROBIN Name: Name: Address: Address: 9623 OAKRUN DRIVE BRADENTON, FL 34202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GELSI D 04/24/2004