

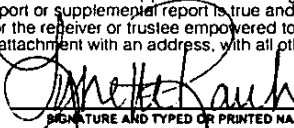


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000010461 1. Entity Name GULF COAST BASKETBALL INC.						FILED 06 MAY 11 PM 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653				Mailing Address 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 13-4310620				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAUH-CO CONSTRUCTION SERVICES, INC. 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RAUH, PAUL R 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeremy Calzone 27515 Pleasure Ride Loop Wesley Chapel, FL 33543		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAUH, LYNETTE W 7215 CYPRESS KNOLL DR. NEW PORT RICHEY, FL 34653			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul R Rauh 7215 Cypress Knoll Drive New Port Richey, FL 34653		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RAUH, LYNETTE W 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lynette W Rauh 7215 Cypress Knoll Drive New Port Richey, FL 34653		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA RAUH, LYNETTE W 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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 617, 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.				000075219250 05/25/06--01009--023 **61.25			
SIGNATURE: 				Lynette Rauh, VP			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	
04/17/06				(727)845-8516			