2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# N06000007148

Entity Name: WEST COAST FAMILY SERVICE INC.

Current Principal Place of Business:

8463 PARK BLVD
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

8463 PARK BLVD
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 36-4591233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Title: PTD ( ) Delete
Name: CROWE, JAMES O
Address: 8463 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VPSD ( ) Delete
Name: BELL, PAUL
Address: 8463 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: SPOTWOOD, MARG
Address: 8463 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: SHANNON, JEAN
Address: 8463 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BELL, PAUL
Address: 8463 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: WALKER, BARBARA
Address: 2200 N. SHERMAN CIR #501
City-St-Zip: MARAMAR, FL 33025 US

Title: D ( ) Change (X) Addition
Name: BELL, KHALIL
Address: 6605 S.W. FIRST CT.
City-St-Zip: PEMBROOKE PINES, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL BELL VP 05/31/2007

Electronic Signature of Signing Officer or Director — Date