


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90048 031 ****61.25

DOCUMENT # N15603	
1. Entity Name GULF COAST SINGLES, INC.	

Principal Place of Business CHARLOTTE TOWERS 2295 AARON ST PORT CHARLOTTE, FL 33952 US	Mailing Address P.O. BOX 495152 PORT CHARLOTTE, FL 33949-5152
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BILSKI, BARBARA 1412 W. CORKTREE CIRCLE PORT CHARLOTTE, FL 33952		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 BARBARA BILSKI Barbara Bilski 1/22/2008
Signature typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	S BILSKI, BARBARA 1412 CORKTREE CIR PORT CHARLOTTE, FL 339521168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, WM 801 SEABOLD AVE N.W PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOLFGAULT ALFRED 818 FOREST HILL LANE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARGENT, MARGIT 1000 KINGS HIGHWAY, #247 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUNDGREN, SHIRLEY 10303 BURNED STORE RD # 184 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLA, DONNA 175 KINGS HWY #423 PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WELLS, DONNA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERUS, ARLENE 10303 BURNED STORE RD. #246 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, GERALD 1000 KINGS HWY #339 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Barbara Bilski BARBARA BILSKI 1/22/2008 941.624.0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #