


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90032 039 ****70.00

DOCUMENT # N45160		
1. Entity Name GOLD COAST ARCHERS, INC.		

Principal Place of Business C/O 1525 17TH AVE N. LAKE WORTH, FL 33460 US	Mailing Address C/O 1525 17TH AVE N. LAKE WORTH, FL 33460 US
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40128262



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

03092007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" 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	
SITES, LARRY E 1525 17TH AVE N. LAKE WORTH, FL 33460		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

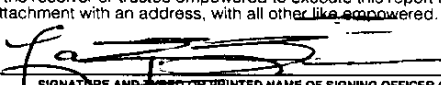
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **7/28/07**

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SITES, LARRY E			NAME			
STREET ADDRESS	1525 17TH AVE N.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33460			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOREY, RICK			NAME			
STREET ADDRESS	128 LONGFELLOW DR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33461			CITY-ST-ZIP			
TITLE	T/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOREY, RICK			NAME			
STREET ADDRESS	128 LONGFELLOW DR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33461			CITY-ST-ZIP			
TITLE	T/D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOJCIECHOWSKI, PEGGY			NAME			
STREET ADDRESS	PO BOX 6264			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33460			CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOREY, CORIN			NAME			
STREET ADDRESS	128 LONGFELLOW DR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33461			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, HENRY			NAME			
STREET ADDRESS	5843 BELVEDERE RD			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415			CITY-ST-ZIP			

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:  DATE **7/28/07** 561-371-4931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR