2006 FOR PROFIT CORPORATION

Apr 24, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000020396 ATLANTIC COASTAL DEVELOPMENT CORP. Principal Place of Business Mailing Address ONE COLLANY ROAD ONE COLLANY ROAD TIERRA VERDE, FL 33715 TIERRA VEROE, FL 33715 CR2E034 (11/05) 03312006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3701358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR DO NOT WRITE 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reliabling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TOLE NAME MEDLEY, EDWARD ONE COLLANY ROAD STREET ADDRESS TIERRA VERDE, FL 33715 CITY-ST-ZEP INLE NAME U00000528249 05/05/06-80030-007 150.00 STREET ADDRESS COTY-ST-ZP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS COY-ST-772 TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or on an attachment with an address, with an other like empowered.

SIGNATURE: _

CITY-ST-ZIP TITLE NAME STREET ACCURESS CITY-ST-ZIP

> HATURE AND TYPE AR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Edward Medley

FILED