

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073940

FILED
Apr 24, 2007
Secretary of State

Entity Name: GOLD COAST FACTORING CORPORATION

Current Principal Place of Business:

NIDA CARE CORP
549 NW INTERPARK PL
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

NIDA CARE CORP
549 NW INTERPARK PL
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

NIDA CORE CORP
549 NW INTERPARK PL
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-1126143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIDA-CORE CORP.
541 NW INTERPARK PL
PORT SAINT LUCIE, FL 34986 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: JACQUINET, DAMIEN
Address: 541 NW INTERPARK PL
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMIEN JACQUINET

PO

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date