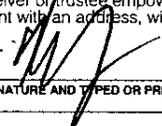


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90248 016 \*\*\*150.00

<b>DOCUMENT # P01000080080</b>					
1. Entity Name PROPERTY INVESTMENTS OF WEST COAST, INC.					
Principal Place of Business 2128 SE 15TH PL CAPE CORAL, FL 33990			Mailing Address 2128 SE 15TH PL CAPE CORAL, FL 33990		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3740184</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
04082004		Chg-P		CR2E034 (10/03)	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GAINEY, ERIC T</b> 2215 SW 12TH PLACE CAPE CORAL, FL 33991			Name <b>Ganey, ERIC T</b>		
			Street Address (Do Not Leave Blank) <b>1720 SW 52 ST</b>		
			City <b>Cape Coral</b>		
			FL <b>33914</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GAINEY, ERIC T</b>	NAME	<b>Ganey, ERIC T</b>		
STREET ADDRESS	<b>2215 SW 12TH PLACE</b>	STREET ADDRESS	<b>1720 SW 52 ST</b>		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33991</b>	CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TEAGUE, KENNETH D</b>	NAME			
STREET ADDRESS	<b>2128 SE 15TH PLACE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<b>Kenneth Teague</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/7/04 2393405534</b> _____ Date Daytime Phone #	

04000000

