


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 033 ***150.00

DOCUMENT # P01000102881	
1. Entity Name SUNCOAST HOMES & INVESTMENTS, INC.	

Principal Place of Business 2475 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020	Mailing Address 2475 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020
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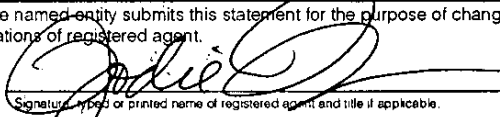
2. Principal Place of Business 2030 S OCEAN DR Suite/Apt. #, etc. # 101 City & State Hallandale Bch FL Zip 33009 Country FL	3. Mailing Address 2030 S OCEAN DR Suite/Apt. #, etc. # 101 City & State Hallandale Bch FL Zip 33009 Country FL
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1st MOORE CR2E034 (10/04)

FEI Number 65-0991206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRASER, JODIE 2475 HOLLYWOOD BLVD HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2030 S OCEAN DR SUITE # 101 City Hallandale Bch FL Zip Code 33009
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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  **DATE**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME FRASER, JODIE L	TITLE	NAME 2030 S OCEAN DR SUITE # 1
STREET ADDRESS 2475 HOLLYWOOD BOULEVARD	CITY-ST-ZIP HOLLYWOOD FL 33020	STREET ADDRESS	CITY-ST-ZIP Hallandale Bch 33009
TITLE ST	NAME FRASER, CORI D	TITLE	NAME 2030 S OCEAN DR # 1
STREET ADDRESS 2475 HOLLYWOOD BOULEVARD	CITY-ST-ZIP HOLLYWOOD FL 33020	STREET ADDRESS	CITY-ST-ZIP Hallandale Bch FL 33009
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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:  **DATE** 3.28.05 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR