2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P01000109960 1. Entity Name FIRST COAST MANAGEMENT ENGINEERING, INC. Principal Place of Business Mailing Address 24 EDGEMONT LN. PALM COAST FL 32164 24 EDGEMONT LN. PALM COAST FL 32164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3756190 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, WAYNE 24 EDGEMONT LN. Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32164 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 primed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ De!cte THE ☐ Change ☐ Addition NAME ANDERSON, WAYNE NAME U0000050505071 STREET ADDRESS 24 EDGEMONT LN. STREET ADDRESS 04/26/06-80100-023 158.75 CITY-ST-ZIP PALM COAST FL 32164 CDY-ST-7/P ☐ Addition ☐ Delete Change TISLE 3172.F MAME NAME STIPLLY ADDRESS STREET ADDRESS CKTY-ST-ZIP CSTY-ST-ZIP Chance Contibba . Delete TITLE titt f NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete DILE 71D.E ☐ Change ☐ Addition MAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CDY-ST-DP Detete ☐ Addition Change TITLE TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete KILE. ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ACCIONS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 path; 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.

WAYNE ANDERSON 3/28/06

386-437-8370

**FILED**