2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2007 8:00 am Secretary of State DOCUMENT # P02000009840 1. Entity Namo 05-18-2007 90025 047 ***150.00 GULF COAST HYDRO, INC. Principal Place of Business Mailing Address 1955 19TH STREET 1955 19TH STREET UNIT 10 UNIT 10 SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business - No P.O. Box # (6015 15th Street EAS) 3. Mailing Address 15-6 Street EAST Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3596692 Bradenton Not Applicable \$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 Namo MCQUAY, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 1955 19TH STREET UNIT 10 SARASOTA FL 34234 لەي 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printing he of registered report and title if applicable E. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Defete шп Addition MCQUAY, RICHARD D NAMI NAM STREET EAST 1955 19TH STREET, UNIT 10 STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY ST 7IP CITY-ST-7IP ☐ Delete шп ☐ Change ШП idition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILLE ☐ Defete Change ■ Addition NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-ZIP TITLE ☐ Delete 11111 ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-7/P CHY SEZIP TITLE Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY ST ZIP TITLE Change ☐ Defete пш ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

FILED