2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P03000036490** 1. Entity Name TREASURE COAST INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 2001 SURFSIDE DR P 0 BOX 3026 FT PIERCE, FL 34948 FT PIERCE, FL 34949 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3685131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HURST, RICHARD R DO NOT WRITE 2023 MIMOSA AVE FORT PIERCE, FL 34949 IN THIS SPACE 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) Signature, typed or printed name of registered apart and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HURST, RICHARD R STREET ADDRESS P O BOX 3026 CITY-ST-ZIP FT PIERCE, FL 34948 D TITLE U00000740812 HURST, JAMIE W NAME 05/15/07-80004-015 15n.do P O BOX 3026 STREET ADDRESS FT PIERCE, FL 34948 CITY-ST-ZIP TITLE BECK, CHARLES J NAME P O BOX 3026 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FT PIERCE, FL 34948 IN THIS SPACE IME NAME BECK, KATHLEEN STREET ADDRESS P O BOX 3026 FT PIERCE, FL. 34948 CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TOLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empower of 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 atta

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-489-830 6