
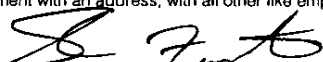


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

40051030

<b>DOCUMENT # P03000090743</b>				02-05-2007 90121 008 ***150.00 04-30-2007 90462 002 ***150.00	
1. Entity Name <b>GULF COAST ENVIRONMENTAL, INC.</b>					
Principal Place of Business <b>8360 SW GULF STREET ARCADIA, FL 34266</b>		Mailing Address <b>8360 SW GULF STREET ARCADIA, FL 34266</b>			
2. Principal Place of Business - No P.O. Box # <b>1503 BLACK BEAR AVENUE</b>		3. Mailing Address <b>1503 BLACK BEAR AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE PLACID, FL</b>		City & State <b>LAKE PLACID, FL</b>		4. FEI Number <b>02-0702440</b>	
Zip <b>33852</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>FUGATE, SHANE 8360 SW GULF STREET ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent <b>SHANE FUGATE 1503 BLACK BEAR AVENUE LAKE PLACID, FL 33852</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FUGATE, SHANE 8360 SW GULF STREET ARCADIA, FL 34266	<input type="checkbox"/> Delete			
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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 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>4-27-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					