


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000113701 1. Entity Name TREASURE COAST ULTRASOUND, INC.	
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Principal Place of Business 1998 SW AUTUMWOOD WAY PALM CITY, FL 34990	Mailing Address 1998 SW AUTUMWOOD WAY PALM CITY, FL 34990
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03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3131861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKILLOP, DARREL 1998 SW AUTUMWOOD WAY PALM CITY, FL 34990	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKILLOP, DARREL 1998 SW AUTUMWOOD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERRETT, IV, HENRY W. 2471 SE PINERO ROAD PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/18/07-80009-015 150.00

DO NOT WRITE IN THIS SPACE

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:  Darrel McKillop 4-25-07 772-979-5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #