2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P03000148704

Entity Name: COSTA FAMILY INVESTMENTS, INC.

Current Principal Place of Business:

4400 HWY 20 EAST
SUITE 206
NICEVILLE, FL 32578

New Principal Place of Business:

1480 HICKORY ST.
SUITE104
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 5236
NICEVILLE, FL 32578

New Mailing Address:

1480 HICKORY ST.
SUITE 104
NICEVILLE, FL 32578

FEI Number: 56-2420612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTA, DAVID MANUEL
4400 HWY 20 EAST SUITE 206
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

COSTA, DAVID MANUEL
1480 HICKORY ST.
SUITE 104
NICEVILLE, FL 32578 US

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.

SIGNATURE: _____ 04/10/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COSTA, DAVID MANUEL
Address: 4400 HWY 20 EAST SUITE 206
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete
Name: COSTA, DAVID MICHAEL
Address: 4400 HWY 20 EAST SUITE 206
City-St-Zip: NICEVILLE, FL 32578

Title: STD ( ) Delete
Name: COSTA, HELEN
Address: 4400 HWY 20 EAST SUITE 206
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COSTA, DAVID MANUEL
Address: 1480 HICKORY ST. SUITE 104
City-St-Zip: NICEVILLE, FL 32578

Title: VD (X) Change ( ) Addition
Name: COSTA, DAVID MICHAEL
Address: 1480 HICKORY ST. SUITE 104
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change ( ) Addition
Name: COSTA, HELEN
Address: 1480 HICKORY ST. SUITE 104
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M COSTA PD 04/10/2008
Electronic Signature of Signing Officer or Director — Date