


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 034 ***158.75

DOCUMENT # P04000021723

1. Entity Name
EAST COAST MARBLE INC.



Principal Place of Business
**10552 WALNUT VALLEY DR.
 BOYNTON BEACH, FL 33437**

Mailing Address
**10552 WALNUT VALLEY DR.
 BOYNTON BEACH, FL 33437**

2. Principal Place of Business - No P.O. Box #
25183 RECIFE DR.

3. Mailing Address
SAME

Suite, Apt. #, etc.
PUNTA GORDA

Suite, Apt. #, etc.

City & State
FLORIDA

City & State

Zip
33983

Country
USA

Zip

Country

40060131



04102007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0697666

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERLAND-GAGNON, MELANIE L
 10552 WALNUT VALLEY DR.
 BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name
FERLAND-GAGNON, MELANIE L.

Street Address (P.O. Box Number is Not Acceptable)
25183 RECIFE DR.

City
PUNTA GORDA FL

Zip Code
33983

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: *Melanie Julcaud Gagnon* DATE: **4/10/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERLAND-GAGNON, MELANIE L 10552 WALNUT VALLEY DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAGNON, NICK 10552 WALNUT VALLEY DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FERLAND-GAGNON, MELANIE L. 25183 RECIFE DR. PUNTA GORDA FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GAGNON, NICK 25183 RECIFE DR. PUNTA GORDA FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Melanie Julcaud Gagnon* DATE: **4/10/2007 (941) 623-2773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #