

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90110 001 ***150.00

DOCUMENT # P04000033776 1. Entity Name EASTCOAST COMMUNITIES, INC.			
Principal Place of Business 10400 GRIFFIN ROAD SUITE 104 COOPER CITY, FL 33328		Mailing Address 10400 GRIFFIN ROAD SUITE 104 COOPER CITY, FL 33328	
2. Principal Place of Business 6499 N. Powerline Rd. Suite, Apt. #, etc. 101 City & State Ft. Lauderdale, FL. Zip 33309 Country USA		3. Mailing Address 6499 N. Powerline Rd. Suite, Apt. #, etc. 101 City & State Ft. Lauderdale, FL. Zip 33309 Country USA	
4. FEI Number 90-0152936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent KRINZMAN, ALAN E ESQ 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENSCH, C. SCOTT 10400 GRIFFIN ROAD SUITE 104 COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bensch, C. Scott 6499 N. Powerline Road, #101 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GERSHOWITZ, BRYAN S 10400 GRIFFIN ROAD SUITE 104 COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gershkowitz, Bryan S. 6499 N. Powerline Road #101 Fort Lauderdale, FL. 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, ROBERT M 10400 GRIFFIN ROAD SUITE 104 COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HALL, Robert M 6499 N. Powerline Road, #101 Fort Lauderdale, FL. 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 an other like empowered.			
SIGNATURE:		4/20/06 954-680-1544	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	