



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000075009</b> 1. Entity Name ATLANTIC COAST EQUITY, INC.			
Principal Place of Business 130 SOUTH UNIVERSITY DRIVE SUITE B PLANTATION, FL 33324		Mailing Address 130 SOUTH UNIVERSITY DRIVE SUITE B PLANTATION, FL 33324	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 77-0633012	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  PARENT, JAMES J 130 SOUTH UNIVERSITY DRIVE SUITE B PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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>  U000000602380 01/26/07-80086-021 150.00
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARENT, JAMES J 130 SOUTH UNIVERSITY DRIVE, SUITE B PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WOOD, DALE S 130 SOUTH UNIVERSITY DRIVE, SUITE B PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, MAYER 130 S. UNIVERSITY DR. VR STE B PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Thomas Mayer / DV</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/10/07	Daytime Phone # (954) 370-0600