2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# P04000092119

Entity Name: GY OF PALM COAST, INC.

Current Principal Place of Business:

1150 PALM COAST PARKWAY
PALM COAST, FL 32137

New Principal Place of Business:

515 N FLAGLER DRIVE
SUITE P-400
WEST PALM BEACH, FL 33401

Current Mailing Address:

515 N. FLAGLER DR.
SUITE P-400
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-1255274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMSI
515 N. FLAGLER DR.
SUITE P-400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: YEOMANS, GARY
Address: 1420 N TOMOKA FARMS RD
City-St-Zip: DAYTONA BCH, FL 32124

Title: VP ( ) Delete
Name: LIRA, CARLOS
Address: 1150 PALM COAST PARKWAY
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete
Name: CERA, NANCY
Address: 515 N. FLAGLER DR. STE. P-400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS ( ) Delete
Name: PROIA, JEANNE
Address: 515 N. FLAGLER DR. STE. P-400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRE ( ) Change (X) Addition
Name: THORNLEY, JEANNE
Address: 515 N FLAGLER DR., SUITE P-400
City-St-Zip: WEST PALM BEACH, FL 33401

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: GARY YEOMANS PD 03/25/2008
Electronic Signature of Signing Officer or Director — Date