
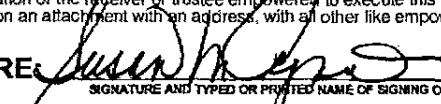


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000100186</b> 1. Entity Name <b>COVE GROWTH CORPORATION</b>		
Principal Place of Business 1645 SE 3 COURT #211 DEERFIELD BEACH, FL 33441	Mailing Address 1645 SE 3 COURT #211 DEERFIELD BEACH, FL 33441	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GULDEN, J K 1645 SE 3 CT #211 DEERFIELD BEACH, FL 33441		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULDEN, KENNETH J 1645 SE 3 CT #211 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGNEW, SUSAN 1645 SE 3 CT #211 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/14/06</b> Daytime Phone # <b>(954) 427-0353</b>



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1372425	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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04/29/06-80158-018 158.75

**DO NOT WRITE  
IN THIS SPACE**