


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 013 ***150.00

DOCUMENT # P04000114586	
1. Entity Name MANATEE GOURMET COFFEE, INC.	

Principal Place of Business 1445 LELAND WAY MARCO ISLAND, FL 34145	Mailing Address 1445 LELAND WAY MARCO ISLAND, FL 34145
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50014564



2. Principal Place of Business 27 Grosbeak Rd.	3. Mailing Address 1083 N. Collier Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 302

03282006 Chg-P CR2E034 (11/05)

City & State Naples FL	City & State Marco Island FL
Zip 34114	Zip 34145-2539
Country Collier	Country Collier

4. FEI Number 65-1232359	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREUSEL, JAMIE B. 1104 N COLLIER BLVD MARCO ISLAND, FL 34145	
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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.

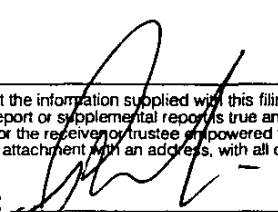
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME GUERIN, PETER	
STREET ADDRESS 1445 LELAND WAY	
CITY-ST-ZIP MARCO ISLAND, FL 34145	
TITLE TREASURER/IS	<input type="checkbox"/> Delete
NAME DARCIE GUERIN	
STREET ADDRESS 1445 LELAND WAY	
CITY-ST-ZIP MARCO ISLAND, FL 34145	
TITLE VP	<input type="checkbox"/> Delete
NAME Alan Winegar	
STREET ADDRESS 1457 Diamond Lake Circle	
CITY-ST-ZIP Naples, FL 34114	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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:  **4/14/06 239-394-7280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #