


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90153 015 \*\*\*158.75

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<b>DOCUMENT # P04000127373</b>			
1. Entity Name <b>WESTCOAST PROPERTY INVESTMENTS, INC.</b>			
Principal Place of Business <b>14743 INDIGO LAKES CIRCLE NAPLES, FL 34119</b>		Mailing Address <b>14743 INDIGO LAKES CIRCLE NAPLES, FL 34119</b>	
2. Principal Place of Business <b>2496 18TH AVE NE</b>		3. Mailing Address <b>2496 18TH AVE NE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL 34120</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34120</b>	Country	Zip <b>34120</b>	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		4. FEI Number <b>34-2013925</b>	
Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>SCHUBERT, GUNTER 14743 INDIGO LAKES CIRCLE NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent <b>DR. GUNTER H. SCHUBERT 2496 18TH AVE NE NAPLES, FL 34120</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: <u><i>Gunter Schubert</i></u> <b>SCHUBERT</b> DATE: <u>04/21/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHUBERT, GUNTER 14743 INDIGO LAKES CIRCLE NAPLES, FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.T.S. DR. GUNTER H. SCHUBERT 2496 18TH AVE NE NAPLES, FL 34120</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JAURECUI, SANDRA 14743 INDIGO LAKES CIRCLE NAPLES, FL 34119</b> <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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><i>Gunter Schubert</i></u> <b>SCHUBERT</b>		04/21/05 239-465-9203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	