

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133721

Entity Name: TREB COASTAL GA, INC.

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

12443 SAN JOSE BLVD
SUITE 201
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12443 SAN JOSE BLVD
SUITE 201
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 20-1678597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, MICHAEL S
11735 MANDARIN FOREST DR
JACKSONVILLE, FL 32223 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: P () Delete
Name: OSBORNE COMMUNICATIO, NS, INC
Address: 11735 MANDARIN FOREST DR
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP () Delete
Name: HEALD COMMUNICATIONS, , INC
Address: 8647 CHARLESGATE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32244 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS HEALD

VP

02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date