


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000035254	
1. Entity Name PACIFIC COAST MUSIC INC.	

Principal Place of Business 404 NE 18TH AVE CAPE CORAL, FL 33909	Mailing Address 6471 ROYAL WOODS DRIVE FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0556507	Applied For 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 SIDWELL, CHRIS 404 NE 18TH AVE CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000836557 02/26/07-80023-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIDWELL, CHRIS E 404 NE 18TH AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. SIDWELL, JEAN M 404 NE 18TH AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIDWELL, CHRIS E 404 NE 18TH AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SIDWELL, JEAN M 404 NE 18TH AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	2-13-07	818-378-9852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #