

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056530

FILED
Apr 21, 2007
Secretary of State

Entity Name: EAST COAST DESIGN CENTER INC.

Current Principal Place of Business:

280 BUSINESS PARK CIRCLE
SUITE 415
ST. AUGUSTINE, FL 32095 US

New Principal Place of Business:

2220 COUNTY ROAD 210 W.
SUITE 108-329
JACKSONVILLE, FL 32259 US

Current Mailing Address:

280 BUSINESS PARK CIRCLE
SUITE 415
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

2220 COUNTY ROAD 210 W.
SUITE 108-329
JACKSONVILLE, FL 32259 US

FEI Number: 20-2321688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLEVOI, LORI
280 BUSINESS PARK CIRCLE
SUITE 415
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MILLEVOI, LORI
2220 COUNTY ROAD 210 W.
SUITE 108-329
JACKSONVILLE, FL 32259 US

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: LORI MILLEVOI

04/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MILLEVOI, LORI
Address: 1265 PARADISE POND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VSD () Delete
Name: MILLEVOI, DARREN
Address: 1265 PARADISE POND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 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: LORI MILLEVOI

PTD

04/21/2007

Electronic Signature of Signing Officer or Director

Date