

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

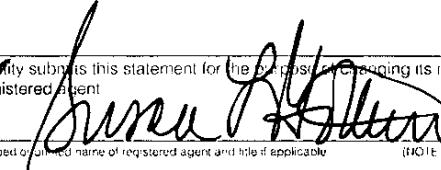
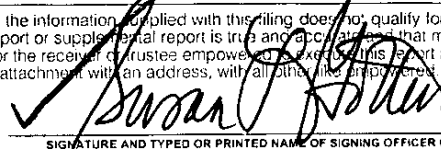
**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90057 024 \*\*\*150.00

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02212007 Chg-P CR2E034 (12/06)

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| <b>DOCUMENT # P05000062704</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                                              |                                                                                                                                                                 |
| 1. Entity Name<br><b>TREASURE COAST PERMITTING SERVICE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                                                                                                                               |                                                                                                                                                                 |
| Principal Place of Business<br><b>1825 SE CAMILO STREET<br/>PORT SAINT LUCIE, FL 34952 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | Mailing Address<br><b>PO BOX 881472<br/>PORT SAINT LUCIE, FL 34988 US</b>                                                                                                                                                     |                                                                                                                                                                 |
| 2. Principal Place of Business - No P.O. Box #<br><b>1316 SW DALTON AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                     |                                                                                                                                                                 |
| City & State<br><b>PORT ST LUCIE, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | City & State                                                                                                                                                                                                                  |                                                                                                                                                                 |
| Zip<br><b>34953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                                                                                                                  | Zip                                                                                                                                                                                                                           | Country                                                                                                                                                         |
| 4. FEI Number<br><b>20-3348313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                        |                                                                                                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                         |                                                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><b>GOTTUSO, SUSAN L<br/>1825 SE CAMILO STREET<br/>PORT SAINT LUCIE, FL 34952</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br><b>GOTTUSO, SUSAN L</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1316 SW DALTON AVE</b><br>City<br><b>PORT ST LUCIE FL</b> Zip Code<br><b>34953</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.<br>SIGNATURE:  President DATE: <b>3/9/07</b>                                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                                                                                                                               |                                                                                                                                                                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRES<br>GOTTUSO, SUSAN L<br>426 SW NATIVITY TERR<br>PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | PRES, V, S, T<br>GOTTUSO, SUSAN L<br>1316 SW DALTON AVE<br>PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VP<br>GOTTUSO, SUSAN L<br>426 SW NATIVITY TERR<br>PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SEC<br>GOTTUSO, SUSAN L<br>426 SW NATIVITY TERR<br>PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TREA<br>GOTTUSO, SUSAN L<br>426 SW NATIVITY<br>PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, 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:  President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | Date: <b>3/9/07</b><br>Daytime Phone #                                                                                                                                                                                        |                                                                                                                                                                 |

*Susan L. Gottuso*

*772/528-7868*