

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077438

FILED
Jan 10, 2006
Secretary of State

Entity Name: 1ST COAST TOURS AND ENTERTAINMENT, INC.

Current Principal Place of Business:

611 ST. AUGUSTINE SOUTH DR.
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 860247
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERS, DAWN D
611 ST. AUGUSTINE SOUTH DR.
ST. AUGUSTINE, FL 32086 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: CEO (X) Delete
Name: MAPLES, KATHRYN A
Address: 74 KING STREET, SB 1172
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: CEO () Delete
Name: MASTERS, KATHRYN D
Address: 611 ST. AUGUSTINE SOUTH DR.
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: DIR () Delete
Name: MASTERS, DAWN D
Address: 611 ST. AUGUSTINE SOUTH DR.
City-St-Zip: ST. AUGUSTINE, FL 32086 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MS. (X) Change () Addition
Name: MASTERS, KATHRYN D
Address: 5009 KNICKERBOCKER DR. #202
City-St-Zip: ALEXANDRIA, VA 22310 US

Title: MS. (X) Change () Addition
Name: MASTERS, DAWN D
Address: 611 ST. AUGUSTINE SOUTH DR.
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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: KATHRYN D. MASTERS

MS.

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date