2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE!

May 03, 2007 8:00 am Secretary of State DOCUMENT # P05000140046 05-03-2007 90065 025 ***150.00 GOLD COAST UTILITY CORP. Principal Place of Business Mailing Address quav. 2340 NE DIXIE HWY 2340 NE DIXIE HWY JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12292 Florida Avenue 12292 Florida Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For *floring* Florida tuar 72-1607632 Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Keith A. Burge BURGE, KEITH A Street Address (P.O. Box Number is No. Acceptable) 2340 NE DIXIE HWY JENSEN BEACH, FL 34957 Florida Avenue 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 obligation d title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE Change ■ Addition Burge, Reginald J 2340 NE Dixie Huy Jensen Beach, FL 34957 BURGE, REGINALD J NAME NAME 2340 NE DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP ☐ Delete TIFLE TITLE Change . ☐ Addition BURGE, KETTH A 12292 Florida Avenue NAME BURGE, KEITH A NAME STREET ADDRESS 2340 NE DIXIE HWY STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 Stuart, FL 34994 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this lifting 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 attac all other like empowered. 201-3299

ET OR DIRECTOR

FILED