


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 016 ***150.00

DOCUMENT # P06000032908 1. Entity Name SUNCOAST INSURANCE, INC.	
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Principal Place of Business 12363 HAMPTON PARK BLVD TAMPA, FL 33624	Mailing Address 12363 HAMPTON PARK BLVD TAMPA, FL 33624
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40056561



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4470581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NOLAN, MICHAEL J
201 N FRANKLIN STREET SUITE 2200
TAMPA, FL 33601**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE President	NAME TITUS, DANIEL I
STREET ADDRESS 12363 HAMPTON PARK BLVD	
CITY-ST-ZIP TAMPA, FL 33624	
TITLE VP	NAME Daniel M. DeLaRosa
STREET ADDRESS 12363 Hampton Park Blvd	
CITY-ST-ZIP TAMPA FL 33624	
TITLE Secret.	NAME Brian Hadar
STREET ADDRESS 12363 Hampton Park Blvd	
CITY-ST-ZIP TAMPA, FL 33624	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
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: *Daniel I. Titus, Pres* 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #