




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000047562						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">07 JUL 26 PM 2:28</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name <b>EMERALD COAST ENTERPRIZE INC.</b>				Principal Place of Business <b>16 UNIVERSAL DRIVE CRAWFORDVILLE, FL 32327</b>				Mailing Address <b>16 UNIVERSAL DRIVE CRAWFORDVILLE, FL 32327</b>	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country		4. FEI Number <b>16-1755712</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
<b>HART, DANIEL 16 UNIVERSAL DRIVE CRAWFORDVILLE, FL 32327</b>						Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>									
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P <input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HART, DANIEL				NAME	Vice President			
STREET ADDRESS	16 UNIVERSAL DRIVE				STREET ADDRESS	Randall Dean			
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327				CITY-ST-ZIP	50 sofia lane Crawfordville FL 32327			
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
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: 					7-19-07 (555) 519 4258				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #				