


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90024 049 ***158.75

DOCUMENT # P07000051225	
1. Entity Name UNITED COASTAL GROUP, INC.	

Principal Place of Business 1931 COMMERCE LANE SUITE 5 JUPITER, FL 33458	Mailing Address 1931 COMMERCE LANE SUITE 5 JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box # 1935 Commerce Ln.	3. Mailing Address 1935 Commerce Ln.
Suite, Apt. #, etc. Suite 9	Suite, Apt. #, etc. Suite 9
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458	Country USA

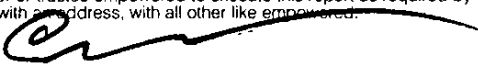
	
05062008	Chg-P CR2E034 (12/06)
4. FEI Number 20-8963197	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #