


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 001 ***150.00

DOCUMENT # P07000063130	
1. Entity Name SUNCOAST ENERGY, INC.	

Principal Place of Business 6213 PASADENA POINT BLVD S GULFPORT, FL 33707	Mailing Address 6213 PASADENA POINT BLVD S GULFPORT, FL 33707
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2. Principal Place of Business - No P.O. Box # 5301 GULF BLVD	3. Mailing Address 5301 GULF BLVD
Suite, Apt. #, etc. D-610	Suite, Apt. #, etc. D-610
City & State ST PETE BEACH FL	City & State ST PETE BEACH FL
Zip 33706	Country



01092008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LONG, ROBERT E 6213 PASADENA POINT BLVD S GULFPORT, FL 33707	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5301 GULF BLVD D-610 City ST PETE BEACH FL Zip Code 33706	

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: *Y P Robert E Long* *Robert E Long* 2-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LONG, ROBERT E 6213 PASADENA POINT BLVD S GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5301 GULF BLVD D-610 ST PETE BEACH FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONG, JILL E 6213 PASADENA POINT BLVD S GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5301 GULF BLVD D-610 ST PETE BEACH FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Y P Robert E Long* *Robert E Long* 2-15-08 7708434101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #