

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102347

FILED
Jul 09, 2008
Secretary of State

Entity Name: TREASURE COAST PEDORTHICS, INC.

Current Principal Place of Business:

888 COLORADO AVE.
STUART, FL 34994

New Principal Place of Business:

2190 45TH STREET,
SUITE 102
VERO BEACH, FL 32967

Current Mailing Address:

888 COLORADO AVE.
STUART, FL 34994

New Mailing Address:

2190 45TH STREET
SUITE 102
VERO BEACH, FL 32967

FEI Number: 45-0573793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBILE, DANIEL
888 COLORADO AVE.
STUART, FL 34994 US

Name and Address of New Registered Agent:

POWELL, ALTHEA L
2190 45TH STREET
SUITE 102
VERO BEACH, FL 32967 US

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.

SIGNATURE: ALTHEA POWELL

07/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOBILE, DANIEL
Address: 888 COLORADO AVE.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: POWELL, ALTHEA
Address: 2035 7TH DR. SW
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POWELL, ALTHEA
Address: 2190 45TH STREET, SUITE 102
City-St-Zip: VERO BEACH, FL 32967

Title: D (X) Change () Addition
Name: NOBILE, DANILE
Address: 888 COLORADO AVE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHEA POWELL

MS

07/09/2008

Electronic Signature of Signing Officer or Director

Date