2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 08:00 Al **DOCUMENT # P18704** Secretary of State 1. Entity Name EMERALD COAST OF DELAWARE, INC. Principal Place of Business Mailing Address 211 MARY ESTHER BLVD. 211 MARY ESTHER BLVD. MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 US CR2E034 (11/05) 02182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0304510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, JOHN E DO NOT WRITE 2051 REAGAN RD. NAVARRE, FL 32566 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME FARRIS, R.C. 205 N. BAY ST. STREET ADDRESS .000000833997 02/28/08-80035-001 150.00 CITY-ST-ZIP SAMSON, AL 36477 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP OD COCCE SEE SEE SEES OF LINE SHAN STREET ADDRESS! MODALITY SHEET AS CARDO SO CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18-2008