## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25219

Entity Name: SUN COAST SOFTWORKS, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1814 ARBOR DRIVE S PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

PO BOX 1992 PALM HARBOR, FL 34682

FEI Number: 52-1632002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DILKES, RACHEL

1041 FOREST GROVE BLVD

PALM HARBOR, FL 34683 US

JOHNSON, CHRISTOPHER D

1814 ARBOR DRIVE S

PALM HARBOR, FL 34683 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: CHRISTOPHER D JOHNSON 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition JOHNSON, I. BARBARA JOHNSON, I. BARBARA Name: Name: 104 CROSSING WAY 1814 ARBOR DRIVE S Address: Address: City-St-Zip: FOLSOM, CA 95630 City-St-Zip: PALM HARBOR, FL 34683

Title: Title: PD (X) Change ( ) Addition () Delete JOHNSON, CHRISTOPHER Name: Name: JOHNSON, CHRISTOPHER D 104 CROSSING WAY 1814 ARBOR DRIVE S Address: Address: FOLSOM, CA 95630 PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 DILKES, RACHEL
 Name:

 Address:
 1041 FOREST GROVE BLVD
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:

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: CHRISTOPHER D. JOHNSON P 04/30/2007