## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P92000004884** WEST COAST BUSINESS CORPORATION, INC. Principal Place of Business Mailing Address 3306 SW 22 AVE. 3306 SW 22 AVE. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 04022007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0391592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent SCHNEIDER-CHRISTIANS, MICHAEL: -DO NOT WRITE 3306 SE 22 AVE. CAPE CORAL, FL 33904 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) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHNEIDER-CHRISTIANS, MICHAEL NAME 3306 SE 22 AVE. STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE 000000726600 05/04/07-80015-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE COY-ST-ZIP IN THIS SPACE 7ITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET AODRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 cath, 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

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