
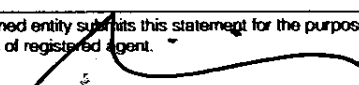
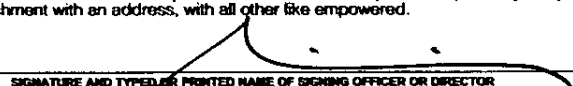


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 002 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P92000004884 1. Entity Name WEST COAST BUSINESS CORPORATION, INC. | | | |  | |
| Principal Place of Business 3306 SW 22 AVE. CAPE CORAL, FL 33904 | | | Mailing Address 3306 SW 22 AVE. CAPE CORAL, FL 33904 | | |
| 2. Principal Place of Business - No P.O. Box # 3306 SE 22nd Ave | | 3. Mailing Address 3306 SE 22nd Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State CAPE CORAL FL | | City & State CAPE CORAL FL | | 4. FEI Number 65-0391592 | |
| Zip 33904 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHNEIDER-CHRISTIANS, MICHAEL 3306 SE 22 AVE. CAPE CORAL, FL 33904 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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  | | | | DATE 4/14/08 | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHNEIDER-CHRISTIANS, MICHAEL 3306 SE 22 AVE. CAPE CORAL, FL 33904 <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 | |
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| 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:  | | | Date 4/14/08 232-549-9993 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |