
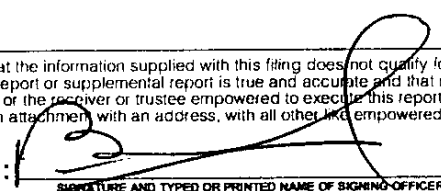


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90026 032 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P93000041180</b><br>1. Entity Name<br>GULFCOAST INTERNATIONAL IONICS, INC.   |  |   |   |   |  |
| Principal Place of Business<br>217 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33701  |  |   | Mailing Address<br>217 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33701 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br>59-3193178  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>ROUX, EMMANUEL J.<br>217 CENTRAL AVE.<br>ST. PETERSBURG, FL 33701   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br><input type="checkbox"/> Trust Fund Contribution. |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PS<br>ROUX, EMMANUEL J<br>217 CENTRAL AVE.<br>ST. PETERSBURG, FL       | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VT<br>BOUVARD, FRANCK<br>217 CENTRAL AVE.<br>ST. PETERSBURG, FL        | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>SPILMAN, DEREK B<br>4215 MILLER DR.<br>SAINT PETERSBURG, FL 33706 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>ROUX, DANIEL<br>2519 DRIFTWOOD RD.<br>SAINT PETERSBURG, FL 33705  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>ROUX, ALAIN<br>2519 DRIFTWOOD RD.<br>SAINT PETERSBURG, FL 33705   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>ROUX, ALAIN<br>2519 DRIFTWOOD RD.<br>SAINT PETERSBURG, FL 33705   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>ROUX, ALAIN<br>2519 DRIFTWOOD RD.<br>SAINT PETERSBURG, FL 33705   | <input type="checkbox"/> Delete   |   |  |  |
| 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 individuals empowered. |  |   |   |  |  |
| SIGNATURE:  VP  |  |   |   |  |  |
| Date: 4/27/07 Daytime Phone #: 727 8963800   |  |   |   |  |  |