2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000418

Entity Name: GULFCOAST MOLD & TOOL CORPORATION

FILED Apr 21, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

4406 EXCHANGE AVENUE UNIT 130 NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

4406 EXCHANGE AVENUE UNIT 130 NAPLES, FL 34104 US

FEI Number: 65-0541572 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:

SHAW, RALPH
4406 EXCHANGE AVENUE UNIT 130
SHAW, DANIEL
4406 EXCHANGE AVENUE UNIT 130

NAPLES, FL 34104 US AVENUE UNIT 130 4406 EXCHANGE AVENUE UNIT 130 AVENUE UNIT

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: DANIEL SHAW 04/21/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SHAW, RALPH Name: SHAW, DANIEL

 Name:
 SHAW, RALPH
 Name:
 SHAW, DANIEL

 Address:
 3520 31ST AVE SW
 Address:
 6042 SEA GRASS LANE

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34116 US

Title: STD () Delete Title: TD (X) Change () Addition

 Name:
 SHAW, BONNIE
 Name:
 SHAW, BONNIE

 Address:
 3520 31ST AVE SW
 3520 31ST AVE SW

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34117 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SHAW, DANIEL
 Name:
 SHAW, JOHN

 Address:
 6042 SEA GRASS LANE
 Address:
 190 25 ST NW

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34120 US

Title: SD () Change (X) Addition

 Name:
 Name:
 ANTUNES, KELLY

 Address:
 Address:
 598 LAMBTON LANE

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34104 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SHAW, RALPH

 Address:
 3520 31ST AVE SW

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34117 US

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: RALPH SHAW PD 04/21/2008