


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90226 032 \*\*\*150.00

<b>DOCUMENT # P95000059094</b>		
1. Entity Name <b>SUNCOAST DEVELOPMENT SERVICES, INC.</b>		

Principal Place of Business <b>1001 BLOXHAM AVENUE PUNTA GORDA, FL 33950 US</b>	Mailing Address <b>P.O. BOX 380994 MURDOCK, FL 33938 US</b>
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2. Principal Place of Business - No P.O. Box # <b>28900 Bermont Road</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Punta Gorda, FL 33982</b>	City & State
Zip <b>33982</b>	Country <b>USA</b>



03222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0600771</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WILCOX, MACK R JR. 324 SUNRISE DR. NOKOMIS, FL 34275</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILCOX, MACK R JR. 324 SUNRISE DR. NOKOMIS, FL 34275</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCOTT, WILLIAM P 113 NORTSHORE TERRACE PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11826 Dallas Dr. S.W. Lake Suzy, FL 34269</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report, changed, or on an attachment with an address, with all other like empower-

**SIGNATURE:** William P. Scott **William P. Scott, Director** **(941)505-0444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #