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Secretary of State

04-17-2006 90353 049 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000050949

1. Entity Name
COVE PROPERTIES, INC.

400500048

Principal Place of Business	Mailing Address
2840 WEST BAY DR. 122 BELLEAIR BLUFFS, FL 33770 US	2840 WEST BAY DR. 122 BELLEAIR BLUFFS, FL 33770 US

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
17755 US 19 North		17755 US 19 North	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Clearwater Florida		City & State: Clearwater, Fl	
Zip: 33764	Country: US	Zip: 33764	Country: US

4. FEI Number: 59-3386135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEEHAN, DENNIS M 2840 WEST BAY DR. 122 BELLEAIR BLUFFS, FL 33770	Name: Street Address (P.O. Box Number is Not Acceptable): 17755 US 19 North Suite 200 City: Clearwater FL Zip Code: 33764

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] Dennis M. Sheehan, President DATE: 4-11-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SHEEHAN, DENNIS M	NAME	
STREET ADDRESS	2840 WEST BAY DR., #122	STREET ADDRESS	17755 US 19 North Suite 200
CITY-ST-ZIP	BELLEAIR BEACH, FL 33770	CITY-ST-ZIP	Clearwater, Fl, 33764
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: [signature] Dennis M. Sheehan, President 4-11-06 727-642-2639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #