2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# P96000085242

Entity Name: SUNCOAST BICYCLES PLUS, INC.

Current Principal Place of Business:

322 N PINE ST
INVERNESS, FL 34450

New Principal Place of Business:

322 N PINE AVE
INVERNESS, FL 34450

Current Mailing Address:

322 N PINE ST
INVERNESS, FL 34450

New Mailing Address:

322 N PINE AVE
INVERNESS, FL 34450

FEI Number: 59-3411776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, MARY L
322 N PINE ST
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

WADE, MARY L
322 N PINE AVE
INVERNESS, FL 34450 US

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: 03/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WADE, CHARLES W
Address: 322 N PINE ST
City-St-Zip: INVERNESS, FL 34450

Title: PSTD ( ) Delete
Name: WADE, MARY L
Address: 322 N PINE ST
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: WADE, CHARLES W
Address: 322 N PINE AVE
City-St-Zip: INVERNESS, FL 34450

Title: PSTD (X) Change ( ) Addition
Name: WADE, MARY L
Address: 322 N PINE AVE
City-St-Zip: INVERNESS, FL 34450

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: MARY L WADE PRES 03/29/2009
Electronic Signature of Signing Officer or Director Date