2007 FOR PROFIT CORPORATION

FILED Apr 06, 2007 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P9700000113 1. Entity Name SUN COAST HOUSING, INC.					04-06-200	07 90027 050 ***1	50.00	
Principal Place	e of Business	Mailing Address		,	# A A A A .	-		
C/O PAUL HL. ROSKOPH/ FENWICK & WEST LLP 550 HAMILTON AVE, SUITE 300 PALO ALTO, CA 94301 P.O. BOX 144 BRADENTON,			0	I REBUTERU JUB IR	Irr səd in əd iri sə lir sə l	IN GOTH SENT POICH NOOL NEAD IN	TUDU AL LONG	
1/6 River Enclave Ct		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042007	Chg-P	CR2E034 (12/06)		
Bradenton FL		City & State			4. FEI Number Applied For 59-3420330 Not Applicable			
34°a17	S USA	Zip	Country	5. Certificate of		S8.75 Add Fee Require		
•	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New R	Registered Agent		
DDATED	·FFF		Name F	Prater,	Jeff			
					(P.O. FOX Number is Not Acceptable) ave C+			
City Brace					<u> </u>	FL 34°		
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 Signal ye, hypothyriled name of registered agent and bitle if applicable. (NOTE Registered Agent signature required when reinstating) DATE.								
FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR		
HTLE	PT	☐ Delete	1(TLE			Change	☐ Addition	
NAME	PRATER, JEFF		NAME	116 RIVE	er Enci	lave Ct		
STREET ADDRESS CITY-ST-ZIP	2020 84TH ST CIRCLE NW BRADENTON, FL 34209		STREET ADDRESS	Braden		FL 3421	7	
	S		TITLE	Draati			☐ Addition	
TITLE NAME	PRATER, LOIS	☐ Delete	NAME	116 RW	er Er	nclave C	<i>f</i>	
STREET ADDRESS	2020 84TH ST CIRCLE NW		STREEF ADDRESS : CITY-ST-ZIP	Brader		E1 34	212	
CITY-ST-ZIP	BRADENTON, FL 34209	Delete	TITLE	praer	TOVI	Change	☐ Addition	
NAME		□ Delete	NAME			stange		
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CITY-ST-ZIP			STREET ADDRESS					
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TITLE		☐ Delete	CITY+SI-ZIP TRLE			☐ Change	☐ Addition	
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NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME			CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME			<u> </u>		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE	certify that the information supplied with	□ Delete □ Delete	CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	pointed in Chanter 110	Elocido Statutos	☐ Change	☐ Addition☐ Addition☐	

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.