2008 FOR PROFIT CORPORATION

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Apr 02, 2008 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # P97000000113** 1. Entity Name SUN COAST HOUSING, INC. Mailing Address Principal Place of Business 116 RIVER ENCLAVE CT P.O. BOX 14416 BRADENTON, FL 34212 BRADENTON, FL 34280 03242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3420330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PRATER, JEFF DO NOT WRITE 116 RIVER ENCLAVE CT BRADENTON, FL 34212 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PRATER, JEFF NAME U00000878033 STREET ADDRESS 116 RIVER ENCLAVE CT 04/14/08-80037-019 150.00 CITY-ST-ZIP BRADENTON, FL 34212 TITLE PRATER, LOIS NAME STREET ADDRESS 116 RIVER ENCLAVE CT CITY-ST-ZIP BRADENTON, FL 34212 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS 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 attac

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED