
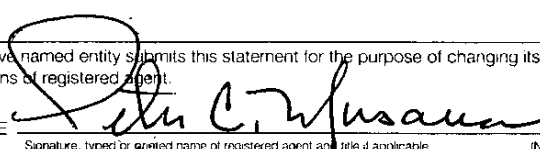
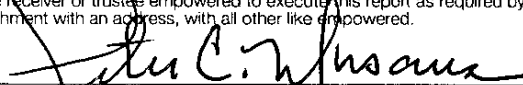


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 028 ***550.00

DOCUMENT # P97000008268 1. Entity Name WEST COAST PARADISE INVESTMENTS, INC.			
Principal Place of Business 5250 FOX HOLLOW DRIVE # 519 NAPLES FL 34104		Mailing Address 5250 FOX HOLLOW DRIVE # 519 NAPLES FL 34104	
2. Principal Place of Business 326 FOX DEN CIRCLE Suite, Apt. #, etc. NAPLES		3. Mailing Address 326 FOX DEN CIRCLE Suite, Apt. #, etc.	
City & State FLORIDA		City & State NAPLES, FLORIDA	
Zip 34104		Zip 34104	
4. FEI Number 59-3498867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		2nd MOORE CR2E034 (4/06)	
6. Name and Address of Current Registered Agent MUSARRA, PETER C 5250 FOX HOLLOW DRIVE # 519 NAPLES FL 34104		7. Name and Address of New Registered Agent Name PETER C. MUSARRA Street Address (P.O. Box Number is Not Acceptable) 326 FOX DEN CIRCLE City NAPLES FL 34104	
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  7-28-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD MUSARRA, PETER C 5250 FOX HOLLOW DRIVE, #519 NAPLES FL 34104		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD MUSARRA, PETER C. 326 FOX DEN CIRCLE NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRES MUSARRA, PETER C 5250 FOXHOLLOW DR. # 519 NAPLES FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP PRES. MUSARRA, PETER C. 326 FOX DEN CIRCLE NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: 		7-28-2006 <small>Date Daytime Phone #</small>	