2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050826

HUANG, CHAO-JUE I

SUNRISE, FL 33351

4519 N PINE ISLAND RD

Name:

Address: City-St-Zip: FILED May 12, 2006 Secretary of State

Entity Name: EMERALD COAST FRANCHISE, INC. **New Principal Place of Business: Current Principal Place of Business:** 4519 N PINE ISLAND ROAD SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 4519 N PINE ISLAND ROAD SUNRISE, FL 33351 FEI Number: 65-0759991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARELLEK, STEVEN GARELLEK, STEVEN 700 S. FEDÉRAL HIGHWAY 2650 N MILITARY TRAIL SUITE 200 SUITE 240 BOCA RATON, FL 33432 US BOCA RATON, FL 33431 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: 05/12/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition () Delete WILLIAMS, DAVID Name: Name: 4519 N PINE ISLAND RD Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition CHIN, RICHARD Name: Name: 4519 N PINE ISLAND RD Address: Address: SUNRISE, FL 33351 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

ANDRE, WILLIAMS

SUNRISE, FL 33351

4519 N PINE ISLAND RD

SIGNATURE:	DAVID WILLIAMS	PF	₹ 05/12/2006