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**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90040 029 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P97000068474</b> 1. Entity Name <b>ATLANTIC COAST DEVELOPMENT &amp; CONSTRUCTION, INC.</b>			
Principal Place of Business <b>580 N WICKHAM RD          SUITE E          MELBOURNE, FL 32935</b>		Mailing Address <b>580 N WICKHAM RD          SUITE E          MELBOURNE, FL 32935</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>DROOR, NOEL          580 N WICKHAM ROAD STE E          MELBOURNE, FL 32935</b>		<b>DO NOT WRITE          IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be          Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D          DROOR, NOEL          580 N WICKHAM ROAD STE E          MELBOURNE, FL 32935</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D          MOAYER, FRANK          580 N WICKHAM ROAD STE E          MELBOURNE, FL 32935</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE          IN THIS SPACE</b>		
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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: <u>Frank Moayer</u> <b>3/3/2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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4. FEI Number <b>59-3464103</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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