2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # P98000022617 03-15-2006 90110 027 ***150.00 SUNCOAST TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3935 EAGLE COVE WEST DRIVE 3935 EAGLE COVE WEST DRIVE PALM HARBOR FL 34685 PALM HARBOR, FL 34685 50002748 2. Principal Place of Business 3727 JANUS Suite, Apt. #, etc. 03102006 Chg-P CR2E034 (11/05) 4. FÉLNumber Applied For City & State PALI 59-3512908 Not Applicable Country 15A Zip 34 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORMACK, GARY D Box Number is Not Acceptable 3935 EAGLE COVE WEST DRIVE PALM HARBOR, FL 34685 City Palm Zip Code יסיה אסג 34685 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete TITLE CORMACK, GARY D NAME NAME STREET ADDRESS 3935 EAGLE COVE WEST DRIVE STREET ADDRESS 322ブ CITY-ST-ZIP PALM HARBOR, FL 34685 CITY-ST-ZIP VTSD TITLE ☐ Delete TITLE ☐ Addition DENISE CORMACK CORMACK, DENISE C NAME NAME 3727 JANUS WAY STREET ADDRESS 3935 EAGLE COVE WEST DRIVE STREET ADDRESS CiTY-ST-ZIP PALM HARBOR, FL 34685 CITY-ST-ZIP TITLE Defeic TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7/2 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 w 727 943 86 64R **SIGNATURE:**

FILED