2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 29, 2007 08:00 AM Secretary of State

DUCUMENT # P99000000274	JMENT # P99000000274
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1. Entity Name

WEST COAST STRATEGIES INC.



Principal Place of Business

Mailing Address

609 SE 33RD TERRACE CAPE CORAL, FL 33904 609 SE 33RD TERRACE CAPE CORAL, FL 33904



01082007

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0223336 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, KENNETH 609 SE 33RD TERR CAPE CORAL, FL 3390

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TITLE PVST NAME ROWLAND, KENNETH STREET ADDRESS 609 SE 33RD TERR CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	CAPE CORAL, FL 33904			IN THIS SPACE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS TRUE NAME ROWLAND, KENNETH 609 SE 33RD TERR CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/02/07-80029-008 150.00 10. OFFICERS AND DIRECTORS TITLE PVST ROWLAND, KENNETH 609 SE 33RD TERR CITY-SI-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	Agent signature	required when reinstating)	DATE
TITLE PVST NAME ROWLAND, KENNETH STREET ADDRESS 609 SE 33RD TERR CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME			· -			U00000610619 02/02/07-80029-008 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME STREET ADDRESS CITY+ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this fill	ng does not qualify for the even	potions cor	stained in Chapter 11	9. Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee endowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

72 07

239-267-2175

Daytime Phone #