2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P99000004384

Entity Name: NEWCOAST MANAGEMENT, INC.

Current Principal Place of Business:

7595 STEEPLECHASE DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

4152 W BLUE HERON BLVD
108
RIVIERA BEACH, FL 33404

Current Mailing Address:

7595 STEEPLECHASE DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

4152 W BLUE HERON BLVD
108
RIVIERA BEACH, FL 33404

FEI Number: 65-0893870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOHNE, KEVIN M
7595 STEEPLECHASE DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOHNE, KEVIN M
Address: 7595 STEEPLECHASE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V ( ) Delete
Name: SIFRIT, ROBERT
Address: 5420 N OCEAN DR #2302
City-St-Zip: SINGER ISLAND, FL 33404

Title: V ( ) Delete
Name: SIFRIT, JAMES
Address: 1000 N. U.S. HWY. 1
City-St-Zip: JUPITER, FL 33477

Title: T ( ) Delete
Name: BOHNE, NANCY E
Address: 7595 STEEPLECHASE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P ( ) Delete
Name: BOHNE, KEVIN M
Address: 7595 STEEPLECHASE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete
Name: BOHNE, NANCY E
Address: 7595 STEEPLECHASE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NANCY E BOHNE S 04/05/2006

Electronic Signature of Signing Officer or Director — Date