2008 FOR PROFIT CORPORATION

Feb 06, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P99000071468** 02-06-2008 90026 026 ***150.00 EFFICIENT COASTAL PROPERTY MANAGEMENT, INC. Mailing Address Principal Place of Business Ann room 16296 PERDIDO KEY DRIVE 16296 PERDIDO KEY DR PENSACOLA, FL 32507 PENSACOLA, FL 32507 CR2E034 (11/05) 01312008 No Chg-P DO NOT WRITE IN THIS MEADE Applied For 4. FEI Number 59-3599496 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **GUTTMANN, MICHAEL L** DO TOTAL 314 S BAYLEN STREET **SUITE 201** IN THIS SPACE PENSACOLA, FL 32505 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GILCHRIST, JÖSEPH R NAME 16296 PERDIDO KEY DR STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DONOT MITTE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TILE

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 reporter 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 engagement.

SIGNATURE: 1

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Joseph R. Gilchnst 1131108

FILED