

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 31 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093168	
1. Entity Name MONEY COASTAL DEVELOPMENT CORPORATION	

Principal Place of Business 5547 PEDRICK PLANTATION CIRCLE TALLAHASSEE, FL 32317	Mailing Address 5547 PEDRICK PLANTATION CIRCLE TALLAHASSEE, FL 32317
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2. Principal Place of Business 5957 Buck Lake Rd	3. Mailing Address Suite, Apt. #, etc. SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
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City & State Tallahassee, FL	City & State
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Zip 32317	Country	Zip	Country
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07312006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3625393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKE, MIKE 5547 PEDRICK PLANTATION CIRCLE TALLAHASSEE, FL 32317	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5957 Buck Lake Rd City Tallahassee FL Zip Code 32317	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONEY, MIKE 5547 PEDRICK PLANTATION CIRCLE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5957 Buck Lake Rd Tallahassee, FL 32317 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  7-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #