2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110760

Entity Name: SOUTHERN COASTAL MANAGEMENT, INC.

FILED Apr 10, 2007 Secretary of State

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Current P	rincipal Pla	ace of Business:		New Princ	ipal Place	e of Business:	
36468 EME STE 1101	ERALD CO	AST PKWY		4608 OPA- STE200	LOCKA LA	ANE	
DESTIN, F	L 32541	US		DESTIN, FI	_ 32541	US	
Current Mailing Address:				New Mailir	New Mailing Address:		
36468 EMERALD COAST PKWY				4608 OPA-	LOCKA LA	ANE	
STE 1101 DESTIN, F	L 32541	US		STE200 DESTIN, FI	32541	US	
FEI Number:	59-3616197	FEI Number App	olied For () FEI	Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address o	of Current Register	red Agent:	Name and	Address	of New Registered Agent:	
		T AST PKWY US					
	named ent e of Florida.	ity submits this state	ement for the purpo	se of changing it	s registere	ed office or registered agent, or both,	
SIGNATUR							
	Elect	ronic Signature of F	Registered Agent			Date	
Election Car	npaign Finan	cing Trust Fund Contr	ibution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PTS VEACH, KE 4442 WIND NICEVILLE,	WARD COVE LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR VEACH, KE 11 OCALA (DESTIN, FL	CT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR SHOULTS, 34894 EME DESTIN, FL	RALD COAST PKWY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	DIR SHOULTS. I	()Delete VICHAEL		Title: Name:	DIR SHOULTS.	(X) Change()Addition . MICHAEL	

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.

Address:

City-St-Zip:

4608 OPA-LOCKA LANE

DESTIN, FL 32541

SIGNATURE: MICHAEL SHOULTS DIR 04/10/2007

36468 EMERALD COAST PKWY STE 1101

DESTIN, FL 32541

Address:

City-St-Zip: