


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (CORP)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90029 049 \*\*\*150.00

<b>DOCUMENT # S36199</b>	
1. Entity Name <b>GOLD COAST CASH REGISTER SALES, INC.</b>	

Principal Place of Business <b>23650 AUCILLA LANDING ROAD LAMONT FL 32336 US</b>	Mailing Address <b>23650 AUCILLA LANDING ROAD LAMONT FL 32336 US</b>
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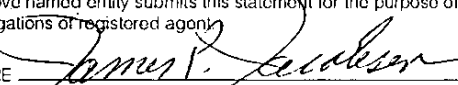


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-3047064</b>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>JACOBSEN, JAMES P 1336 VICKERS DR TALLAHASSEE FL 32303</b>		7. Name and Address of New Registered Agent Name <b>JACOBSEN, JAMES P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>23650 Aucilla Landing Road</b> City <b>Lamont</b> FL Zip Code <b>32336</b>

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  DATE **2/12/07**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, JAMES P. 2826 GREEN FOREST LANE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, JAMES P. 23650 Aucilla Landing Rd Lamont FL 32336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMMER, LISA MARIE 104 LANCER COURT CLARKSVILLE TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEMMER, LISA MARIE 2996 OAK GLEN LANE CLARKSVILLE, TN. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, MARY ELLEN 2826 GREEN FOREST LANE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACOBSEN, MARY ELLEN 23650 Aucilla Landing Rd Lamont, FL 32336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, TONI LYNN 626 MAPLE TOP ANTIOCH TN 37013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Section 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:  DATE **2/12/07** 850 323-3447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR