


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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| DOCUMENT # S47041 |  |
| 1. Entity Name GULFCOAST ACCOUNTING & TAX SERVICES, INC. | |

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| Principal Place of Business 7777 SEMINOLE BLVD 2ND FLOOR SEMINOLE, FL 33772 US | Mailing Address 7777 SEMINOLE BLVD 2ND FLOOR SEMINOLE, FL 33772 US |
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01062006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3058568 | Applied For <input type="checkbox"/> 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 GABLE, RUTHANN M. 12099 KAY DRIVE SEMINOLE, FL |
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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.

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| SIGNATURE  | DATE 4/20/06 |
| <small>Signature, typed or printed name of registered agent and file if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000529701 05/05/06-80088-005 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST GABLE, RUTHANN M. 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772 |
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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.

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|--|---------------------|-------------------------------------|
| SIGNATURE:  | DATE 4/19/06 | DAYTIME PHONE # 727-391-9918 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>DATE</small> | <small>Daytime Phone #</small> |