FILED
Mar 21, 2008 8:00 am
Secretary of State
02-29-2008 90017 020 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

27

DOCUMENT # V27131

1. Entity Name
SOUTHWEST COAST INVESTMENTS, INC.

Principal Place of Business	Mailing Address
120 ADELAIDE ST. WEST STE 2314 PO BOX 16 TORONTO, ONTARIO, m5-hiti CA	120 ADELAIDE ST. WEST STE 2314 PO BOX 16 TORONTO, ONTARIO, m5-hiti CA

66004671

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
120 Adelaide St. West	120 Adelaide St. West
Suite, Apt. #, etc.: Ste 2314 P.O. Box 16	Suite, Apt. #, etc.: Ste 2314 P.O. Box 16
City & State: Toronto, Ontario	City & State: Toronto, ontario
Zip: M5H 1T1 Country: Canada	Zip: M5H1T1 Country: Canada

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GELLER, JACK J
2560 GULF TO BAY BLVD, STE 300
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PASSANDER, ANTHONY 45 SUNNY POINT CRESCENT TORONTO, ON, CA m5hiti	☐ Delete	P PASSANDER, ANTHONY 45 SUNNYPOINT CRESCENT TORONTO, ON M1M1B8 Canada	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REDMOND, DONALD POB 5180 PENETANGUISHENE, ONTARIO, CA l9m2g3	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: TONY PASSANDER 2/22/08 416-364-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #