## -2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2005 08:00 AM Secretary of State DOCUMENT # V54288 1. Entity Name EAST COAST CAPITAL INC. Mailing Address Principal Place of Business 904 E HENRY AVE 904 E HENRY AVE TAMPA, FL 33604 TAMPA, FL 33604 03102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0349463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOMASULO, KATHERINE DO NOT WRITE 9248 VILLA ENTRADA NEW PORT RICHEY, FL. 34655 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME TOMASULO, KATHERINE STREET ADDRESS 9248 VILLA ENTRADA - -- U00000274316 NEW PORT RICHEY, FL 34655 CITY-ST-ZIP =103/24/US-80U07-014 15**0.**00 TITLE NAME STREET ADDRESS CITY-\$7-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 attach ent with an address, with all other like empowered. SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED