

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001332

Entity Name: NOVACOAST, INC.

Current Principal Place of Business:

1505 CHAPALA ST.
SANTA BARBARA, CA 93101

Current Mailing Address:

1505 CHAPALA ST.
SANTA BARBARA, CA 93101

FEI Number: 77-0443920

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHRM
Name ANDERSON, PAUL
Address 1505 CHAPALA STREET
City-State-Zip: SANTA BARBARA CA 93101

Title P
Name ANDERSON, PAUL
Address 1505 CHAPALA STREET
City-State-Zip: SANTA BARBARA CA 93101

Title SVP
Name GRAY, ADAM
Address 1505 CHAPALA STREET
City-State-Zip: SANTA BARBARA CA 93101

Title VCHR
Name GRAY, ADAM
Address 1505 CHAPALA STREET
City-State-Zip: SANTA BARBARA CA 93101

Title COO
Name NEWLON, JANICE
Address 1505 CHAPALA STREET
City-State-Zip: SANTA BARBARA CA 93101

Title D
Name ANDERSON, BETSY
Address 1505 CHAPALA STREET
City-State-Zip: SANTA BARBARA CA 93101

Title CFO
Name LAUGHLIN, WILLIAM
Address 1505 CHAPALA ST.
City-State-Zip: SANTA BARBARA CA 93101

I hereby 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 all other like empowered.

SIGNATURE: JANICE NEWLON

COO

01/12/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date