2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# S79962

Entity Name: COASTAL OPTICAL SYSTEMS, INC.

Current Principal Place of Business:

4480 TIFFANY DR S
WEST PALM BCH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4480 TIFFANY DR S
WEST PALM BCH, FL 33407 US

New Mailing Address:

FEI Number: 65-0284601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUMLER, JAMES J.
151 PENNOCK TRACE DRIVE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: NEER, MARC,
Address: 120 LEHANE TERRACE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: PTD ( ) Delete
Name: KUMLER, JAMES J.,
Address: 151 PENNOCK TRACE DRIVE
City-St-Zip: JUPITER, FL 33458 US

Title: VSD ( ) Delete
Name: MALCOM, HENRY R.,
Address: 1090 CHENILLE CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: V ( ) Delete
Name: WILDER, SUSAN M.,
Address: 1982 RIDGE ROAD
City-St-Zip: JUNO BEACH, FL 33408 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: HOLLIGER, ULRICH,
Address: 5112 CROSSING ROCKS CT.
City-St-Zip: RIVIERA BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN M. WILDER V 03/20/2007

Electronic Signature of Signing Officer or Director Date