

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029996

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: COASTLINE BUILDING SPECIALISTS, INC.

## Current Principal Place of Business:

4400 P.G.A. BLVD.  
SUITE 902  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1841  
JUPITER, FL 334681841 US

## New Mailing Address:

PO BOX 1841  
JUPITER, FL 33468 US

FEI Number: 65-0413457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPILLERS, SUZANNE  
6746 195 PLACE NORTH  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

SPILLERS, SUZANNE  
4400 P.G.A. BLVD  
SUITE 902  
PALM BEACH GARDENS, FL 33410 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:

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPILLERS, SUZANNE  
Address: 4400 P.G.A. BLVD., SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D ( ) Delete  
Name: SPILLERS, RANDALL M  
Address: 4400 P.G.A. BLVD., SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SUZANNE SPILLERS

D

04/19/2006

Electronic Signature of Signing Officer or Director

Date