

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91935

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** COASTLINE PROPERTY SERVICES, 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:**

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

**New Mailing Address:**

**FEI Number:** 59-2220573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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: SUZANNE SPILLERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/30/2011

\_\_\_\_\_  
Date