2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN Secretary of State **DOCUMENT #383528** COASTLINE VENDING, INC. Principal Place of Business Mailing Address 4221 NE 27TH AVENUE 4221 NE 27TH AVE LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINTE, FL 33064 CR2E034 (11/05) No Cha-P 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1354731 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NOBLE, RICHARD D DO NOT WRITE 4221 NE 27TH AVENUE IN THIS SPACE LIGHTHOUSE POINTE, FL 33064 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. DATE 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, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NOBLE, PATRICIA NAME STREET ADDRESS 4221 NE 27TH AVENUE CITY-ST-ZIP LIGHTHOUSE POINTE, FL 33064 000000806730 02/06/08-80053-018 150:00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

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atricia noble SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR