


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90428 039 ***150.00

DOCUMENT # 405269	
1. Entity Name COASTAL STATES INDUSTRIES, INC.	

Principal Place of Business 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA, GA 30339 US	Mailing Address 1600 PARKWOOD CIRCLE SUITE 400/ATTN: TAX DEPT. ATLANTA, GA 30339 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40074462



03172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JONES, CHERYL C <input type="checkbox"/> Delete 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BLUESTEIN, PATRICIA <input checked="" type="checkbox"/> Delete 1600 PARKWOOD CIR 400 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS DOBSON, NAOMI <input checked="" type="checkbox"/> Addition 1600 PARKWOOD CIRCLE STE 400 ATLANTA GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BINDEMAN, MICHAEL S <input type="checkbox"/> Delete 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRIEDLANDER, SCOTT E <input type="checkbox"/> Delete 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK L <input type="checkbox"/> Delete 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MOORE, WILLIAM E <input type="checkbox"/> Delete 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Jack L. McNeese Jack L. McNeese 4/28/05 770 436 9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #