


FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 015 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 515351
 1. Entity Name
 COASTAL INVESTMENTS CORPORATION



Principal Place of Business: 1019 JANES MEADOW ROAD, KNOXVILLE, TN 37932 US
 Mailing Address: 1019 JANES MEADOW ROAD, KNOXVILLE, TN 37932

DO NOT WRITE IN THIS SPACE

50000862



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-1691738 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERNSTEIN, JEFFREY A
 100 N BISCAYNE BLVD
 STE 700 NEW WORLD TOWER
 MIAMI, FL 33132
 2608

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 IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SCOTT, ARTHUR R
STREET ADDRESS	1019 JANES MEADOW ROAD
CITY-ST-ZIP	KNOXVILLE, TN 37932
TITLE	DVPS
NAME	SCOTT, G.C.
STREET ADDRESS	1019 JANES MEADOW ROAD
CITY-ST-ZIP	KNOXVILLE, TN 37932
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

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.

SIGNATURE: Arthur R. Scott Date: 1-16-07 Daytime Phone #: 865-675-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Arthur R. Scott *President*