2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 24, 2008
Secretary of State

DOCUMENT# 532310

Entity Name: COASTAL ENGINEERING CONSULTANTS, INC.

Current Principal Place of Business:

3106 S HORSESHOE DR.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3106 S HORSESHOE DR.
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-1728628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, DENNIS C ESQ
BOND SCHOENECK & KING PA
4001 TAMIAMI TRAIL N, SUTE 250
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEPHEN, MICHAEL F
Address: 374 S GOLF DRIVE
City-St-Zip: NAPLES, FL 34102 US

Title: T ( ) Delete
Name: BENFIELD, DONNA R
Address: 1471 SAN MARCOS BOULEVARD
City-St-Zip: NAPLES, FL 34104 US

Title: REOM ( ) Delete
Name: JONAS, MICHAEL P
Address: 760 31ST STREET SW
City-St-Zip: NAPLES, FL 34117 US

Title: VD ( ) Delete
Name: EWING, RICHARD J
Address: 982 ROSE WAY
City-St-Zip: NAPLES, FL 34104 US

Title: VSD ( ) Delete
Name: POFF, MICHAEL T
Address: 1609 GARDENIA LANE
City-St-Zip: NAPLES, FL 34105 US

Title: D (X) Delete
Name: WORLEY, DANA L
Address: 2584 44TH TERRACE S.W.
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VSD (X) Change ( ) Addition
Name: POFF, MICHAEL P
Address: 1609 GARDENIA LANE
City-St-Zip: NAPLES, FL 34105 US

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

Title: D (X) Change ( ) Addition
Name: WORLEY, DANA L
Address: 2584 44TH TERRACE S.W.
City-St-Zip: NAPLES, FL 34116 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL F. STEPHEN PD 09/24/2008

Electronic Signature of Signing Officer or Director — Date