2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 01-11-2007 90057 010 ***150.00 DOCUMENT # 647036 1. Entity Name COASTAL PRINTING INCORPORATED OF SARASOTA 40001714 Principal Place of Business Mailing Address 1730 INDEPENDENCE BLVD. (34234) 1730 INDEPENDENCE BLVD. (34234) SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. EEI Number Applied For 59-1950172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTTRIDGE, ALAN R. JR. 1730 INDEPENDENCE BLVD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34234 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TETLE ☐ Change Addition NAME GUTTRIDGE, ALAN R. JR. NAME STREET ADORESS 4577 DEL SOL BLVD S. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP DVPS Change TITLE Delete TITLE V GUTTRIDGE, JANET T. In Addition GUTTRIDGE, JANET T. NAME NAME 1730 INDEPENDENCE BLVD. STREET ADDRESS 1730 INDEPENDENCE BLVD STREET ADDRESS SARASOTA FL. 34234 CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE 5 Change Addition . GUTTRIDGE, ALAN RYAN NAME NAME 3050 HATTON STREET STREET ADDRESS STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 attachm

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Jan 11, 2007 8:00 am