2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2006 8:00 am Secretary of State

DOCUMENT # 732854 1. Entity Name CORAL I, INCORPORATED						05-16-2006 90022 028 ****61.25				
Principal Plac 2400 S. OCE FT. PIERCE, I	i di. B	1				(8) 8/87 6/81 BIBN 8	PITH BIBN BIBN	<u> </u>		
A Company of the second of the										
2. Principal Place of Business			3. Mailing Address .							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112006	Chg-NP	CR2E037	(11/05)	
City & State			City & State			4. FEI Numbe 59-1779	023			plied For t Applicable
Zip Country		Zip	Country	5. Certificate of Status Desired See Required Fee Required						
6. Name and Address of Current Registered Agent							Address of New			
MAHER, GEORGE H. 2400 SOUTH OCEAN DR. FT. PIERCE, FL 34949					Name BUKER - Poligkoff P.A. Clo Peter Mollengarden Street Address (P.O. Box Number is Not Acceptable)					
					605 N. Flagler Drive, 7th Floor City West Palm Beach FL \$33401					
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 apport and title applicable. (NOTE: Registered Agent algreed required when reinstating) DATE										
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.										
	_	,				\$5.00 May Bo Added to Fees	3 I	Make check porida Departm	-	
10.	Due by I	,	Trust Fund Co			Added to Fees	3 I	orida Departn	ent of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINZE, D 2400 S. C	OFFICERS AND DI	Trust Fund Co	ontribution.	VD Rps	Added to Fees DDITIONS/CHA	NGES TO OFFICE	ERS AND DIRE	ent of St	ate
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Thereby extra trial to indirelated with this language with this language to the exemptions contained in classes. From the state can be the 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 617, 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: _

SIGNATURE AND THE ON PRINTED NAME OF SIGNAMO OFFICER OF DIRECTOR

Date

Daytime Phone #