2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2008 8:00 am Secretary of State

| | | | | | CCICI | ary or | State |
|---|---|---|---|--|------------------|--|--|
| 1. Entity Nam | MENT # 763700 ACOASTAL DRIVE, INC. | | | 1 | | 8 90013 002 * | |
| 900 INTRACOASTAL DRIVE 900 | | Mailing Address 900 intracoastal Driv FT Lauderdale, FL 333 | | Junuarius Junuari | | I ROTE ROTE CHECK COLOR | |
| Principal Place of Business - No P.O. Box # 3. M | | 3. Mailing Address | . Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ng-NP | CR2E037 (12/0 | 06) |
| City & State | | City & State | City & State | | 9 | | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of St | atus Desired | □ \$8.75 Fee Rec | Additional period |
| | 6. Name and Address of Current | Registered Agent | T T | 7. Name and Add | ress of New R | legistered Agent | |
| HAARMEYER, ELEANOR | | | Name | 7. Name and Address of New Registered Agent Name | | | |
| | ACOASTAL DR 8 ERDALE, FL 33304 | | Street Ac | ddress (P.O. Box Number is I | Not Acceptable | a) | |
| | | | | | | | |
| | | | City | | | FL Zip | Code |
| | named entity submits this statement fo | r the purpose of changing its re | gistered office or | registered agent, or both, in | the State of Flo | orida. I am famillar i | with, and accept |
| the obligat | tions of registered agent. | | | | | | |
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| • | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent. | and title if approable (NOTE: F | Registered Agent sonstu | re required when (ensisting) | | DATE | |
| SIGNATURE . | Signature, typed or ponted name of registered agent | · · · · · · · · · · · · · · · · · · · | | re required when reinstating) | | DATE | |
| SIGNATURE | Sonstrie, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008 | 9. Election Camp | paign Financing | \$5.00 May Be Added to Fees | | DATE lake check payat ida Department o | |
| | Filing Fee is \$61.25 | 9. Election Camp Trust Fund Co | paign Financing | \$5.00 May Be | Flor | lake check payat ida Department (| of State |
| 7. | Filing Fee is \$81.25 Due by May 1, 2008 | 9. Election Camp Trust Fund Co | paign Financing intribution. | \$5.00 May Be Added to Fees | Flor | lake check payat ida Department (| of State |
| -10. ** TILE | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF P BROWNLEE, GORDON 900 INTRACOASTAL DR 25 | 9. Election Camp Trust Fund Co | paign Financing ntribution. | \$5.00 May Be Added to Fees | Flor | lake check payat ida Department o | of State |
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the address, with all other like empowered.

SIGNATURE: _

G. LCAALA HAAR MEYERS
SIGNATURE AND TYPED OR PRINTED NAME OF BISSING OFFICER OR DIRECTOR

954561918