


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001966 1. Entity Name COASTAL CRANE SERVICES, INC.	
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Principal Place of Business 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612	Mailing Address 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3392402	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TILDEN, DOUG 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARRIS, GAIL 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REDLICH, CHRISTOPHER JR. 1999 HARRISON STREET, SUITE 550 OAKLAND, CA 94612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000433858
02/24/06-80036-001 150.00

**DO NOT WRITE
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, changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gail A. Parris 1/3/06 570-362-3986