# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 23, 2005**
**Secretary of State**

DOCUMENT# F04000005018

**Entity Name:** CORAL PORTFOLIO INVESTMENTS, INC.

**Current Principal Place of Business:**

151 REGIONS WAY, SUITE 2A
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

151 REGIONS WAY, SUITE 2A
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number: 86-1088306** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHALAVOUTIS, ROBERT
151 REGIONS WAY, SUITE 2A
DESTIN, FL 32541 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VC ( ) Delete
Name: MALONEY, JOHN
Address: 15400 EMERALD COAST PKWY
City-St-Zip: BIG CANOE, GA 30143

Title: VCP ( ) Delete
Name: COLLINS, H. EUGENE
Address: 0034 PETIT RIDGE
City-St-Zip: BIG CANOE, GA 30143

Title: DS ( ) Delete
Name: MALONEY, MARY
Address: 15400 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

Title: DT ( ) Delete
Name: CHALAVOUTIS, ROBERT
Address: 3797 MISTY WAY
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT CHALAVOUTIS CFO 02/23/2005

Electronic Signature of Signing Officer or Director — Date