2009 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# F05000006087

Entity Name: COASTAL DISTRIBUTION CENTER, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
Current Frincipal Flac	e of Business.	New Principal Place of	or Business.
7662 SW JACK JAMES STUART, FL 34997	DR.		
Current Mailing Address:		New Mailing Address:	
7662 SW JACK JAMES STUART, FL 34997	DR.		
FEI Number: 51-0550307	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
D'APOLITO, MICHAEL 1512 SE VILLAGE GREEN DRIVE PORT ST. LUCIE, FL 34952 US		D'APOLITO, MICHAEL 7662 SW JACK JAMES DR STUART, FL 34997 US	
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:		04/29/2009	

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition D'APOLITO, MICHAEL D'APOLITO, MICHAEL Name: Name: 1512 SE VILLAGE GREEN DRIVE Address: 7662 SW JACK JAMES DR Address: City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip: STUART, FL 34997 Title: () Delete Title: PD (X) Change () Addition D'APOLITO, STACY D'APOLITO, STACY Name: Name: Address: 1512 SE VILLAGE GREEN DRIVE Address: 7662 SW JACK JAMES DR PORT ST. LUCIE, FL 34952 STUART, FL 34997 City-St-Zip: City-St-Zip:

ST () Delete Title: ST (X) Change () Addition

Name:STEVE, D'APOLITOName:STEVE, D'APOLITOAddress:1512 SE VILLAGE GREEN DRIVEAddress:7662 SW JACK JAMES DRCity-St-Zip:PORT ST. LUCIE, FL 34952City-St-Zip:STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STACY DAPOLITO P/D 04/29/2009