

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48842

FILED
Feb 18, 2005
Secretary of State

Entity Name: COASTAL REVEGETATION, INC.

Current Principal Place of Business:

36 SE 1 ST AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

18 NE 12 STREET
DELRAY BEACH, FL 33444

Current Mailing Address:

36 SE 1 ST AVE
DELRAY BEACH, FL 33444

New Mailing Address:

18 NE 12 STREET
DELRAY BEACH, FL 33444

FEI Number: 59-2140483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEDER, PAMELA B.
36 SE 1ST AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

REEDER, PAMELA B.
18 NE 12 STREET
DELRAY BEACH, FL 33444 US

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

02/18/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: REEDER, PAMELA B.,
Address: 36 SE 1ST AVE
City-St-Zip: DELRAY BEACH, FL

Title: VS () Delete
Name: BELLANTE, DANIEL D.,
Address: 36 SE 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: REEDER, PAMELA B.,
Address: 18 NE 12 STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: VS (X) Change () Addition
Name: BELLANTE, DANIEL D.,
Address: 18 NE 12 STREET
City-St-Zip: DELRAY BEACH, FL 33444

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: PAMELA B. REEDER

Electronic Signature of Signing Officer or Director

P

02/18/2005

Date