2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # F74006 COASTAL DEVELOPMENT PLANNING CO. Principal Place of Business Mailing Address 36468 EMERALD COAST PKWY 36468 EMERALD COAST PKWY SUITE 10101 **SUITE 10101** DESTIN, FL 32541 US DESTIN, FL 32541 04092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2187188 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHOULTS, HOWARD RAY DO NOT WRITE 36468 EMERALD COAST PKWY STE. 10101 IN THIS SPACE DESTIN, FL 32541 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PN TITLE SHOULTS, HOWARD RAY NAME STREET ADDRESS 36468 EMERALD COAST PKWY, STE. 10101 CITY-ST-ZIP DESTIN, FL 32541 VSTD TITLE GWIN, CURTIS H. NAME 36468 EMERALD COAST PKWY, STE, 10101 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

AG OFFICER OR DIRECTOR