
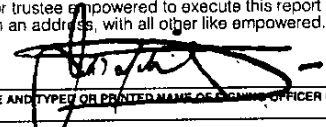


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90001 044 ***150.00

DOCUMENT # F95000000504					
1. Entity Name COASTAL CAPITAL CORP.					
Principal Place of Business ONE PLAZA RD GREENVALE, NY 11548 US			Mailing Address ONE PLAZA RD GREENVALE, NY 11548 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 11-2924685	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAEL, JOHN T. 220 PONTE VERDA PARK DRIVE SUITE 200 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature, typed or printed name of registered agent and title if applicable			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MICHAEL, JOHN T	<input type="checkbox"/> Delete	TITLE CFO/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Max Kane One Plaza Road Greenville, NY 11548
STREET ADDRESS ONE PLAZA ROAD	CITY-ST-ZIP GREENVALE, NY 11548		STREET ADDRESS One Plaza Road	CITY-ST-ZIP Greenville, NY 11548	
TITLE C	NAME MICHAEL, JOHN T	<input type="checkbox"/> Delete	TITLE Director of Compliance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Benita C. Mitten 220 Ponte Vedra Park Dr. Suite 200 Ponte Vedra, FL 32082
STREET ADDRESS ONE PLAZA ROAD	CITY-ST-ZIP GREENVALE, NY 11548		STREET ADDRESS 220 Ponte Vedra Park Dr. Suite 200	CITY-ST-ZIP Ponte Vedra, FL 32082	
TITLE SVP	NAME BAINES, ANTONIO	<input type="checkbox"/> Delete	TITLE SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Steven A. Baselice One Plaza Rd Greenville, NY 11548
STREET ADDRESS 1921 HELEN COURT	CITY-ST-ZIP MERRICK, NY 11566		STREET ADDRESS One Plaza Rd	CITY-ST-ZIP Greenville, NY 11548	
TITLE SVP	NAME BASELICE, STEVEN A	<input type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Eric Ruland One Plaza Road Greenville, NY 11548
STREET ADDRESS 1546 PARSONS BLVD.	CITY-ST-ZIP WHITESTONE, NY 11357		STREET ADDRESS One Plaza Road	CITY-ST-ZIP Greenville, NY 11548	
TITLE EVPD	NAME POLLATOS, LISA	<input type="checkbox"/> Delete	TITLE SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Howard Rice 2 Paragon Way Suite 4 Freehold, NJ 07728
STREET ADDRESS 12 WOODFIELD LANE	CITY-ST-ZIP OLD BROOKVILLE, NY		STREET ADDRESS 2 Paragon Way Suite 4	CITY-ST-ZIP Freehold, NJ 07728	
TITLE SCC	NAME GALLAN, MICHAEL A	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20 BEVERLY ROAD	CITY-ST-ZIP NEW ROCHELLE, NY 10804		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR		
			John T. Michael		
			Date		
			Daytime Phone		
			5005		

50002256



01042005 Chg-P CR2E034 (10/03)

FL

Zip Code

Date

Daytime Phone