2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## **FILED** Apr 18, 2007 08:00 Al Secretary of State DOCUMENT # G71733 1. Entity Name CORAL REEF ELECTRONICS, INC. Mailing Address Principal Place of Business 2532 S E CLAYTON ST 2532 S E CLAYTON ST STUART FL 34997 STUART FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2350089 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo CHAMERLAIN, THOMAS H Street Address (P.O. Box Number is Not Acceptable) 2211 N.E. PINECREST LAKES BLVD. JENSEN BCH. FL 34957 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition PS Change HILE Delete TITLE U00000713420 CHAMBERLAIN, THOMAS H NAME 04/26/07-80089-010 150.00 2211 NE PINECREST LAKES BLVD. STRUCT ADDRESS STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition ши CHAMBERLAIN, GLORIA S. NAMI 2211 NE PINECREST LAKES BLVD. STREET ADDRESS STREET ADDRESS JENSEN BEACH FL CHY-S1-ZIP CHY-SI-7IP □ Change - Addition \_ \_\_ Delete -IIILE-- --TITLE NAME. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP Change Addition 🔲 Delele NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 71P CHTY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP Addition ШЦ ☐ Detete TITLE Change NAME NAME STREET ADDRESS STREET LADORESS CITY-S1-ZIP CITY-SI-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and curale and that my signature shall have the same logal effect as if made under eath; 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