2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# H05207

Entity Name: CORAL LANES, INC.

Current Principal Place of Business:

250 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991 US

New Principal Place of Business:

42 MID CAPE TERRACE
CAPE CORAL, FL 33991 US

Current Mailing Address:

28351 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 59-2460932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CINIELLO, PATRICK
28351 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CINIELLO, PATRICK,
Address: 28351 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: RUBENSTEIN, MICHAEL,
Address: 8270-201 COLLEGE PKWY
City-St-Zip: FT. MYERS, FL

Title: V ( ) Delete
Name: CINIELLO, PATSY,
Address: 28351 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete
Name: JOHNSON, KARL,
Address: 2142 LAKEVIEW BLVD
City-St-Zip: N FT MYERS, FL 33903

Title: T ( ) Delete
Name: RANKINE, PATRICIA
Address: 28351 S. TAMIAMI TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PATRICK CINIELLO PD 03/28/2008

Electronic Signature of Signing Officer or Director Date