2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2008 08:00 AN Secretary of State DOCUMENT # J29481 COASTAL REPAIR SERVICES, INC. Mailing Address Principal Place of Business 816 NW 6TH AVE 816 NW 6TH AVE FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2714365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, GLENN D DO NOT WRITE 816 NW 6TH AVE FT. LAUDERDALE, FL 33311 IN THIS SPACE 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. Suggeture, typed or proted 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. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE MARTIN, GLENN D. NĂME 816 NW 6 AVE. STREET ADDRESS FORT LAUDERDALE, FL CITY-ST-ZIP TITLE U00000785739 01/17/08-80613-009 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

TITLE NAME STREET ADDRESS

CER OR DIRECTOR

14/08

Daytime Phone #

FILED