

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

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| DOCUMENT # K44463 | |
| 1. Entity Name COASTAL SOUTHWEST PROPERTIES, INC. | |
| Principal Place of Business 1133 BAL HARBOR BLVD PUNTA GORDA, FL 33950 | Mailing Address P.O. BOX 511249 PUNTA GORDA, FL 33951 |



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0082882 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MCQUEEN, PAULA F 1133 BAL HARBOR BLVD. SUITE 1135 PUNTA GORDA, FL 33950 |
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**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | UD00000750741 05/18/07-80077-002 300.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BISHOP, BRAD E 12077 SW KINGSWAY CIR LAKE SUZY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MCQUEEN, ROBERT N 26034 SHORE DR PUNTA GORDA, FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDVP MCQUEEN, PAULA F 26034 SHORE DR PUNTA GORDA, FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing 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 like empowered

SIGNATURE: Paula F McQueen **4/30/07** **239-872-0392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #