

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03982

FILED
Apr 12, 2006
Secretary of State

Entity Name: COASTAL SCIENCE ASSOCIATES, INC.

Current Principal Place of Business:

440 OSCEOLA AVENUE
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

1855 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

440 OSCEOLA AVENUE
JACKSONVILLE, FL 32250 US

New Mailing Address:

1855 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 US

FEI Number: 59-2954024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREY, STEPHEN
440 OSCEOLA AVENUE
JACKSONVILLE BCH., FL 32250 US

Name and Address of New Registered Agent:

FLOREY, STEPHEN
1855 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 US

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:

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOREY, STEPHEN
Address: 440 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOREY, STEPHEN
Address: 1855 MAYPORT ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN FLOREY

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date