

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90161 030 ****50.00

DOCUMENT # L06000038364
 1. Entity Name
 COASTAL DISASTER CONSULTANTS, LLC



Principal Place of Business Mailing Address
 228 CREWILLA DRIVE 228 CREWILLA DRIVE
 FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 228 CREWILLA DR SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 N/A

1st MOORE CR2E083 (10/06)

City & State City & State
 FT. WALTON BEACH, FL.

4. FEI Number N/A Applied For
 Not Applicable

Zip Country Zip Country
 32544 OKLAHOMA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANCHORS, C. LEDON
 909 MAR WALT DRIVE
 SUITE 1014
 FORT WALTON BEACH FL 32547.

7. Name and Address of New Registered Agent
 Name W. D. Todd
 Street Address (P.O. Box Number is Not Acceptable)
 228 CREWILLA DRIVE
 City FT. WALTON BEACH FL Zip Code 32544

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 *William D. Todd* DATE 3-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY ST / ZIP	<input type="checkbox"/> Delete
MGRM	TODD, WILLIAM D	228 CREWILLA DRIVE	FORT WALTON BEACH FL 32548	<input type="checkbox"/>
	N/A			<input type="checkbox"/>
	N/A			<input type="checkbox"/>
	N/A			<input type="checkbox"/>
	N/A			<input type="checkbox"/>
	N/A			<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY ST / ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William D. Todd* DATE 3-9-07 450-936-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE