

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004938

FILED
Apr 17, 2006
Secretary of State

Entity Name: COASTAL KIDS, INC.

Current Principal Place of Business:

14 CEDARVIEW CT
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

14 CEDARVIEW CT
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 16-1703182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENSON, DANIELLE
14 CEDARVIEW CT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

STEVENSON, DAVID
14 CEDARVIEW CT
PALM COAST, FL 32137 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: DAVID STEVENSON

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENSON, DAVID
Address: 14 CEDARVIEW CT
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: STEVENSON, LISA
Address: P.O. BOX 468
City-St-Zip: MEREDITH, NH 03253

Title: D () Delete
Name: SAUVE, ANNE
Address: 150 BRAVE BOAT HARBOR RD.
City-St-Zip: KITTERY, ME 03904

Title: D () Delete
Name: FOSTER, KATHY
Address: 82 SENTRY HILL RD.
City-St-Zip: YORK, ME 03909

Title: D () Delete
Name: HOUVARDIS, RAQUEL
Address: 2516 TRAVELERS PALM WAY
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: GORA, JOE
Address: 38 OCEAN AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

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
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID STEVENSON

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date