

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004938

FILED  
Apr 30, 2007  
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, DAVID  
14 CEDARVIEW CT  
PALM COAST, FL 32137      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: D      (X) Change ( ) Addition  
Name: ELLEN, HARFORD  
Address: 82 SENTRY HILL RD.  
City-St-Zip: YORK, ME 03909

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 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

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date