2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004
Secretary of State

DOCUMENT# N38566

Entity Name: COASTAL RESEARCH & EDUCATION, INC.

Current Principal Place of Business:

14630 S.W. 144 TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14630 S.W. 144 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0235563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLO, CARMEN J.D.
2950 S.W. 87TH AVENUE
MIAMI, FL 33165 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:	D	( ) Delete
Name:	BAKER, KANE,	
Address:	1246 NORTHLAKE WAY	
City-St-Zip:	PALM BEACH, FL	
Title:	S	( ) Delete
Name:	CASTELLO, CARMEN	
Address:	2950 SW 87 AVENUE	
City-St-Zip:	MIAMI, FL 33165	
Title:	PD	( ) Delete
Name:	LINDEMAN, KENYON	
Address:	14630 SW 144 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	SCHRAFT, JUDY	
Address:	325 CRESCENT DR	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	VP	( ) Delete
Name:	ROBERT CALLAHAN,	
Address:	15053 SW 142 CT.	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	CHANDLER, JUDY	
Address:	14374 138 AVE	
City-St-Zip:	MIAMI, FL	

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
Name:	
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 Section 119.07(3)(i), 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: KENYON LINDEMAN P 05/10/2004

Electronic Signature of Signing Officer or Director — Date