2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027740

Entity Name: COASTAL SERVICES GROUP, INC.

FILED Apr 08, 2005 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

2636 WEST GRAND RESERVE CIRCLE, APT. 939 2519 MCMULLEN BOOTH CLEARWATER, FL 33759

STE. 510-313

CLEARWATER, FL 33761 US

Current Mailing Address: New Mailing Address:

2636 WEST GRAND RESERVE CIRCLE, APT. 939 2519 MCMULLEN BOOTH

CLEARWATER, FL 33759 STE. 510-313

CLEARWATER, FL 33761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-3640153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SHURDEN, WALTER BESQ. HILLS, DAVID P

1805 BAY BLVD. 2519 MCMULLEN BOOTH

INDIAN ROCKS BEACH, FL 33785 US STE. 510-313 CLEARWATER, FL 33761 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 P. HILLS 04/08/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

Address:

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

Name: HILLS, ALAN R Name: HILLS, DAVID P

2636 WEST GRAND RESERVE CIRCLE, APT. 939 2519 MCMULLEN BOOTH, STE. 510-313 Address: Address:

City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759

Title: (X) Delete Title: () Change () Addition Name: Name:

HILLS, KATHLEEN E 2636 WEST GRAND RESERVE CIRCLE, APT. 939 Address: CLEARWATER, FL 33759 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. HILLS D,P 04/08/2005