2002 UNIFORM BUSINESS REPORT (UBR)

FILED
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Secretary of State

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Entity Name: COAST TO COAST RESTORATION INC.

Current Principal Place of Business:

6901 OKEECHOBEE BLVD., SUITE 288
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

6901 OKEECHOBEE BLVD., SUITE 288
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1015239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAXWELL, KIMBERLY
6901 OKEECHOBEE BLVD., SUITE 288
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

MASSE, DWANE T
6901 OKEECHOBEE BLVD., SUITE 288
ROYAL PALM BEACH, FL 33411 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: DWANE T. MASSE 04/02/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAXWELL, KIMBERLY
Address: 6901 OKEECHOBEE BLVD., SUITE 288
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V ( ) Delete
Name: ROTHFARB, CHARLOTTE
Address: 6901 OKEECHOBEE BLVD., STE 288
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MASSE, DWANE T
Address: 6901 OKEECHOBEE BLVD., SUITE 288
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD ( ) Change (X) Addition
Name: MASSE, DWANE T
Address: 6901 W. OKEECHOBEE BLVD. STE. 288
City-St-Zip: WEST PALM BEACH, FL 33411

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: DWANE T. MASSE PD 04/02/2002
Electronic Signature of Signing Officer or Director Date