ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000094210

1. Entity Name

CORAL COVE DEVELOPMENT, INC.



Principal Place of Business

5800 GASPARILLA RD, #B-1 BOCA GRANDE, FL 33921 Mailing Address

5718 WESTHEIMER, STE 1806 HOUSTON, TX 77057

FILED Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90125 016 ***150.00

W13864



01222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1045944

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, HAROLD C PO BOX 667 137 BONO STREET CLEWISTON, FL 33440

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, o	r both, in the State of Florida. I am lamitiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required when reinstatin	g) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		е	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIA, ROBERTO J 5718 WESTHEIMER RD, STE 1806 HOUSTON, TX 77057			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, JOHN P 5718 WESTHEIMER RD, STE 1806 HOUSTON, TX 77057				
TITLE NAME STREET ADDRESS CITY-ST-2IP	D ABELLO, CARLOS 5718 WESTHEIMER RD, STE 1806 HOUSTON, TX 77057		D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY_ST_7IP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

23/07

Daytime Phone #