
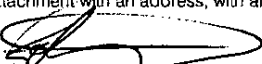


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00493 1. Entity Name COASTAL CONSERVATION ASSOCIATION, INC.						<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18pt; margin-bottom: 10px;">06 SEP 20 AM 8:15</div> <div style="font-size: 12pt;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 905 EAST PARK AVENUE TALLAHASSEE, FL 32301-9646				Mailing Address 3333 S. ORANGE AVE. SUITE 103 ORLANDO, FL 32806 US			
2. Principal Place of Business		3. Mailing Address		09182006 Chg-NP CR2E037 (4/06) 4. FEI Number 74-1984482		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WILLIAM R. BIRD JR 215 N. EOLA DR ORLANDO, FL 32801			
7. Name and Address of New Registered Agent							
Name Street Address (P.O. Box Number is Not Acceptable) City							
State FL Zip Code							
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GEIGER, GEORGE 566 PONOKA ST. SEBASTIAN, FL 32958 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. HENDRICKS, ROBERT 5119 BEAKIN RIVER ROAD WINDERMERE, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, MARK 2932 BOWER RD WINTER PARK, FL 32792 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000080095810 09/22/06--01055--025 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOWTON, DAVID PO BOX 185 NEWBERRY, FL 32669 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIDD, KEN 5220 SUMMERLIN COMMONS BLVD. STE 200 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. BIRD, WILLIAM 215 N. EOLA DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, STUART PO BOX 434 BROOKSVILLE, FL 34605 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINDER, JOHN 1931 LEGION DRIVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-S PINDER, JOHN 1931 LEGION DRIVE WINTER PARK FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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 617, 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: 				ROBERT HENDRICKS / CEO			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 9-18-2006 Daytime Phone #: 407-854-7002			

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