Apr 06, 2005 08:00 AM Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P01000034156 COASTAL INSURANCE MARKETING, INC. Principal Place of Business Mailing Address 200 E VENICE AVE #304B 200 E VENICE AVE #304B VENICE, FL 34285 VENICE, FL 34285 01042005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1101376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKULSKI, THOMAS C DO NOT WRITE 420 ALLIGATOR DR VENICE, FL 34293 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Unnnnn290490 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/06/05-80069-002 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE MIKULSKI, THOMAS C NAME STREET ADDRESS 420 ALLIGATOR DR CITY-ST-ZIP VENICE, FL 34293 TITLE NAME STREET ADDRESS City-St-ZiP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplies 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 attactment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST-ZIP

FILED