

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057156

FILED
Jan 05, 2006
Secretary of State

Entity Name: COASTAL FACILITY PRODUCTS CORP.

Current Principal Place of Business:

5507 CHAPARA LN
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

PO BOX 3873
HOLIDAY, FL 34690

New Mailing Address:

PO BOX 3873
HOLIDAY, FL 34692

FEI Number: 59-3723876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUHL, MARTIN
PO BOX 3873
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

STUHL, MARTIN
PO BOX 3873
HOLIDAY, FL 34692 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: _____

Electronic Signature of Registered Agent

01/05/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, STUHL
Address: P.O. BOX 3873
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, STUHL
Address: P.O. BOX 3873
City-St-Zip: HOLIDAY, FL 34692

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARTIN STUHL

Electronic Signature of Signing Officer or Director

PRES

01/05/2006

Date