2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109916

Entity Name: AM COASTAL ENTERPRISES, INC.

FILED Mar 06, 2006 Secretary of State

Littly Na	me. AW COA	OTAL LIVIERFRIOLO, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	JIFAX AVE , FL 32759					
Current Mailing Address:			New Mailing Address:			
PO BOX 1 OAK HILL	48 , FL 32759					
FEI Number: 59-3755523 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	d Address of	Current Registered Agent:	Name and	Address of Nev	w Registered Agent:	
450 E HAL OAK HILL	., ANNAMARIE LIFAX AVE , FL 32759	US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered offic	ce or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (LITTRELL, AN 450 E HALIFA OAK HILL, FL	X AVE	Title: Name: Address: City-St-Zip:	VP (X) CI LITTRELL, ANNAN 450 E HALIFAX AN OAK HILL, FL 327	/E	
Title: Name: Address: City-St-Zip:	D (LITTRELL, DC 450 E HALIFA OAK HILL, FL	X AVE	Title: Name: Address: City-St-Zip:	P (X) CI LITTRELL, DONAL 450 E HALIFAX AV OAK HILL, FL 327	/E	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () CH LITTRELL, DONAL 450 E HALIFAX AV OAK HILL, FL 327	/E	
Title: Name: Address: City-St-Zin:	() Delete	Title: Name: Address: City-St-Zin:	S () CH LITTRELL, ANNAM 450 E HALIFAX AN OAK HILL FL 327	VE	

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: ANNAMARIE LITTRELL S 03/06/2006