

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000115934						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">08 AUG -1 AM 10:32</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>											
1. Entity Name THE COASTAL BUILDERS GROUP, INC.				Principal Place of Business 300 WOODETTE DR 102 E TOWER DUNEDIN, FL 34698				Mailing Address 300 WOODETTE DR 102 E TOWER DUNEDIN, FL 34698									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.													
City & State				City & State													
Zip		Country		Zip		Country											
6. Name and Address of Current Registered Agent FISHER, CHAD 1818 AUDREY LANE CLEARWATER, FL 33759				7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name</td> <td style="width: 50%; padding: 2px;">Fisher, Beverly</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">1818 Audrey Lane</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Clearwater, FL 33759</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;"></td> </tr> </table>				Name	Fisher, Beverly	Street Address (P.O. Box Number is Not Acceptable)	1818 Audrey Lane	City	Clearwater, FL 33759	State	FL	Zip Code	
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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: <u>Beverly A. Fisher</u> (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													
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900133965529 08/05/08--01004--007 **61.25											
STREET ADDRESS	CANNON, JOANNE		STREET ADDRESS	Fisher, Beverly		CFO 1818 Audrey Lane Clearwater, FL 33759											
CITY-ST-ZIP	300 WOODETTE DR 102 E TOWER DUNEDIN, FL 34698		CITY-ST-ZIP	200 Woodette 1818 Audrey Lane Clearwater, FL 33759													
TITLE	DCFO	<input type="checkbox"/> Delete	TITLE	Fisher, Beverly	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition												
STREET ADDRESS	FISHER, CHAD		STREET ADDRESS	1818 Audrey Lane													
CITY-ST-ZIP	1818 AUDREY LANE CLEARWATER, FL 33759		CITY-ST-ZIP	Clearwater, FL 33759													
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STREET ADDRESS			STREET ADDRESS														
CITY-ST-ZIP			CITY-ST-ZIP														
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 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: <u>Joanne Cannon</u>				Date: <u>7/10/08</u>													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #													