

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90341 011 \*\*\*150.00

<b>DOCUMENT # P02000023507</b> 1. Entity Name <b>COASTAL NETWORKS, INCORPORATED</b>					
Principal Place of Business 2790 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33431			Mailing Address 2790 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33431		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
			04262006      Chg-P      CR2E034 (11/05)		
			4. FEI Number <b>35-2162067</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KOLB, CHRISTOPHER</b> <b>2790 NORTH FEDERAL HIGHWAY</b> <b>SUITE 402</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: <span style="float: right;"><b>4-26-06</b></span> <small>Signature, together with printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete <b>KOLB, CHRISTOPHER L</b> <b>4450 NE 29TH AVENUE</b> <b>LIGHTHOUSE POINT, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KOLB, CHRISTOPHER L</b> <b>2790 NORTH FEDERAL HIGHWAY SUITE 402</b> <b>BOCA RATON, FL 33431</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete <b>KOLB, ANGELA L</b> <b>4450 NE 29TH AVENUE</b> <b>LIGHTHOUSE POINT, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KOLB, ANGELA</b> <b>2790 NORTH FEDERAL HIGHWAY SUITE 402</b> <b>BOCA RATON, FL 33431</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 supplement 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: <span style="float: right;"><b>4-26-06 561-613-0300</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					