


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90013 019 ***150.00

DOCUMENT # P02000035319 1. Entity Name COASTER RIDES INTERNATIONAL, INC.					
Principal Place of Business 305 WOODSTEAD LANE LONGWOOD, FL 32779			Mailing Address 215 N EOLA DRIVE ORLANDO, FL 32779		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0858683	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'KANE, MATTHEW R 215 NORTH EOLA DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 STREET ADDRESS CITY-ST-ZIP	DPST VATCHER, DAVID 305 WOODSTEAD LANE LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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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 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 any address with all other like empowered.					
SIGNATURE: _____			01/14/06 407 772 7862 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

ATTACHMENT

40008408

~~P02000035319~~
215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809
TEL.: 407-843-4600 / FAX: 407-843-4444
www.lowndes-law.com

GAIL S. ANDRÉ
CORPORATE PARALEGAL
North Eola Drive Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

January 31, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 1820 0003 0102 1152

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

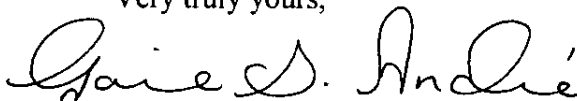
**Re: 2006 For Profit Corporation Annual Report
Coaster Rides International, Inc.**

Dear Sir/Madam:

Enclosed herewith for filing please find an executed 2006 For Profit Corporation Annual Report for Coaster Rides International, Inc., together with our client's check number 1004 payable to the Florida Department of State in the amount of \$150.00 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
Matthew R. O'Kane

GSA/cj

Enclosures

0125038/091129/722603/73

c: David Vatcher (w/enclosures)
Matthew R. O'Kane, Esquire