

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053321

FILED
Jan 19, 2006
Secretary of State

Entity Name: COASTLAND WALLS, INC.

Current Principal Place of Business:

4600 ENTERPRISE AVE
SUITE C
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4600 ENTERPRISE AVE
SUITE C
NAPLES, FL 34104

New Mailing Address:

FEI Number: 02-0594400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ALFREDO S PSTD
4825 WHISTLER'S GREEN CIR
APT #3
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SILVA, ALFREDO JR.
Address: 4825 WHISTLER'S GREEN CIR APT # 3
City-St-Zip: NAPLES, FL 34116

Title: VP () Delete
Name: SILVA, ALFREDO SR.
Address: 1330 27TH ST SW
City-St-Zip: NAPLES, FL 34117

Title: VP () Delete
Name: PASSOS, PATRICIA
Address: 4825 WHISTLER'S GREEN CIR #3
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALFREDO SILVA

PSTD

01/19/2006

Electronic Signature of Signing Officer or Director

Date