

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053321

Entity Name: COASTLAND WALLS, INC.

FILED  
Jan 18, 2007  
Secretary of State

## Current Principal Place of Business:

4600 ENTERPRISE AVE  
SUITE C  
NAPLES, FL 34104

## New Principal Place of Business:

4423 LEONARD BLVD S.  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

4600 ENTERPRISE AVE  
SUITE C  
NAPLES, FL 34104

## New Mailing Address:

4423 LEONARD BLVD S.  
LEHIGH ACRES, FL 33971

FEI Number: 02-0594400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA, ALFREDO PD  
4225 31ST PL SW  
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: PD ( ) Delete  
Name: SILVA, ALFREDO  
Address: 4225 31ST PL SW  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: MONREAU, ANAIS  
Address: 4225 31ST PL SW  
City-St-Zip: NAPLES, FL 34116

Title: S (X) Delete  
Name: PASSOS, PATRICIA  
Address: 4225 31ST PL SW  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MOREAU, ANAIS  
Address: 4005 12TH ST W  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S (X) Change ( ) Addition  
Name: PASSOS, PATRICIA  
Address: 3811 11TH ST W  
City-St-Zip: LEHIGH ACRES, FL 33971

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

PD

01/18/2007

Electronic Signature of Signing Officer or Director

Date