
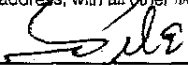


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000038020</b>		
1. Entity Name <b>COASTAL RISK MANAGEMENT INC</b>		
Principal Place of Business <b>3480 NW 211 STREET MIAMI, FL 33056 US</b>		Mailing Address <b>P O BOX 272286 BOCA RATON, FL 33427</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PILE, VERONICA P O BOX 272286 BOCA RATON, FL 33427</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>000000527713 05/05/06-80008-007 150.00</b>
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	PILE, VERONICA J	
STREET ADDRESS	P O BOX 272286	
CITY - ST - ZIP	BOCA RATON, FL 33427	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
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></u> <u>4/24/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		