

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108133

FILED
Jan 27, 2006
Secretary of State

Entity Name: COASTAL CORPORATE TRAINING, INC.

Current Principal Place of Business:

7020 A C SKINNER PARKWAY
SUITE 180
JACKSONVILLE, FL 32556

New Principal Place of Business:

Current Mailing Address:

7020 A C SKINNER PARKWAY
SUITE 180
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-0278222 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VOHS, DAN
7020 A C SKINNER PARKWAY
SUITE 180
JACKSONVILLE, FL 32256 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: D,P () Delete
Name: VOHS, DAN
Address: 7020 A C SKINNER PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D,VP () Delete
Name: CRAWFORD, BART
Address: 7020 A C SKINNER PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAN VOHS

D,P

01/27/2006

Electronic Signature of Signing Officer or Director

_____ Date