

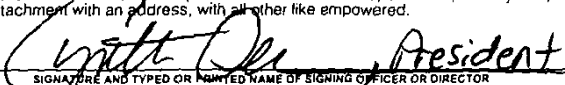


FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 023 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000097028			
1. Entity Name COASTAL AIRWAYS, INC.			
Principal Place of Business 5205 NIMITZ ROAD MILTON, FL 32583		Mailing Address 5205 NIMITZ ROAD MILTON, FL 32583	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		40041670 	
		03092007 Chg-P CR2E034 (12/06)	
		4. FEI Number 55-0875250	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATES, DEBRA 5205 NIMITZ ROAD MILTON, FL 32583		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, 2007 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 D <input type="checkbox"/> Delete NAME ROBERTS, RICK STREET ADDRESS 4202 N. CAMBRIDGE AVE CITY-ST-ZIP PACE, FL 32571		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME STEBER, KEN STREET ADDRESS 4615 AVENIDA MARINA CITY-ST-ZIP PENSACOLA, FL 32504		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME ATES, DEBRA STREET ADDRESS 5205 NIMITZ ROAD CITY-ST-ZIP MILTON, FL 32583		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME DEMARCUS, CYNTHIA STREET ADDRESS 4845 JAIMEE LEIGH DRIVE CITY-ST-ZIP MILTON, FL 32570		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Demarcus, Cynthia STREET ADDRESS 5413 Broad Street CITY-ST-ZIP Milton, FL 32570	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  President		Date 3-13-2007 850-698-2748	
Cynthia Demarcus			