

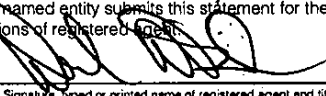
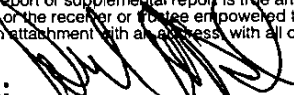


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90089 048 \*\*\*150.00

<b>DOCUMENT # P04000141817</b> 1. Entity Name <b>CORAL SHORES HOLDINGS, INC.</b>					
Principal Place of Business <b>1223 SW 47TH TERRACE SUITE B CAPE CORAL, FL 33904 US</b>			Mailing Address <b>1223 SW 47TH TERRACE SUITE B CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business <b>5352 Mayfair Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>5352 Mayfair Ct</b> Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40009216</div> 	
City & State <b>Cape Coral Fl</b>		City & State <b>Cape Coral Fl</b>		4. FEI Number <b>57-1214414</b>	
Zip <b>33904</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>READ, DANIEL D 1223 SE 47TH TERRACE #2 CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  <b>Pres</b> <span style="float: right;">1-23-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>READ, DANIEL D</b> <b>1223 SE 47TH TERRACE #2</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>READ, DANIEL D</b> <b>1223 SE 47TH TERRACE #2</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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:  <b>Pres</b> <span style="float: right;">289-542-0002 1-23-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					