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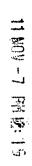
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COVER LETTER

то:	Amendment Section Division of Corporations
SUBJI	ECT: Coastal Wood Design, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P04000150360
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
J. Mic	cheal Smith, C.P.A.
 · · · · ·	(Name of Person)
Smith	n & Associates, CPA's, P.A.
	(Name of Firm/Company)
1601	Rickenbacker Drive, Suite 9
	(Address)
Sun (City Center, FL 33573-5332
,	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
J. Mic	heal Smith, C.P.A. at (813) 634-8885 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Divisio Clifton 2661 E Tallaha	Address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

{I.} Joy	ce E. Suthard	, hereby resign as	Vice President & Treasurer	
*,		, noteey toolgh us_	(Title)	
of Co	astal Wood Design, Inc.			
	(Name of Corporation)			
		_, a corporation organized under the laws of the State of		
(.	Document Number, if known)			
Florida	a			

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314