2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003924

Entity Name: COAST SOLUTIONS, CORP.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

410 SE 2ND AVE 1100 S FEDERAL HWY 2ND FLOOR SUITE A6 SUITE 1146

DEERFIELD BEACH, FL 33441 U

Current Mailing Address: New Mailing Address:

410 SE 2ND AVE 1100 S FEDERAL HWY 2ND FLOOR

SUITE A6 SUITE 1146

DEERFIELD BEACH, FL 33441 US

FEI Number: 20-2140804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

1261 E. SAMPLE RD.

POMPANO REACH EL 33064 LIS

TAX HOUSE CORPORATION

1100 S FEDERAL HWY 2ND FLOOR
SUITE 1146

POMPANO BEACH, FL 33064 US SUITE 1146
DEERFIELD BEACH, FL 33441 US

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: TAX HOUSE 05/05/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: COSTA, ODELIO F Name: COSTA, ODELIO F
Address: 410 SE 2ND AVE SUITE A6 Address: 1100 S FEDERAL HWY 2ND FLOOR SUITE

Address: 410 SE 2ND AVE SUITE A6 Address: 1100 S FEDERAL HWY 2ND FLOOR SUITE 1146 City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify 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: ODELIO COSTA PD 05/05/2008