


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 16 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000072573 1. Entity Name COASTAL ATLANTIC BUILDERS INC.	
---	---

Principal Place of Business 121 E. LAKE WORTH AVE LANTANA, FL 33462	Mailing Address 121 E. LAKE WORTH AVE LANTANA, FL 33462
---	---

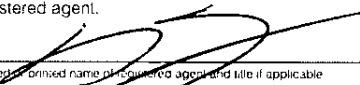
2. Principal Place of Business - No P.O. Box # 13700 US-1 Suite, Apt. #, etc. 104 City & State JUNO BEACH, FL Zip 33408 Country PALM BEACH	3. Mailing Address PO BOX 14455 Suite, Apt. #, etc. AS City & State NORTH PALM BEACH, FL Zip 33408 Country PALM BEACH
---	--

11132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2873944	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SMITH, TROY 121 E. LAKE WORTH AVE LANTANA, FL 33462	7. Name and Address of New Registered Agent Name CHRIS RYDER Street Address (P.O. Box Number is Not Acceptable) 118 DORY RD. SOUTH City NORTH PALM BEACH FL Zip Code 33408
--	--

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  DATE 11/13/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>
--

Amended AR is \$61.25	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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TROY 121 E. LAKE WORTH AVE LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400112392704 11/13/07--01013--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDER, CHRISTOPHER M 118 DORY RD. SOUTH NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DIRECTOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CHRIS RYDER	11/13/07 561-818-3858 <small>Date Daytime Phone #</small>
---	--