2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P05000091241

Entity Name: COASTAL BUSINESS GROUP, INC

Current Principal Place of Business:

259 BAYWINDS DRIVE
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

259 BAYWINDS DRIVE
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-3308982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEWS, DANA C
4475 LEGENDARY DRIVE
DESTIN, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KNOWLES, JUSTIN C
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: VP ( ) Delete
Name: WOOREN, CHRISTOPHER L
Address: 206 GRACIE LANE
City-St-Zip: NICEVILLE, FL 32578 US

Title: T ( ) Delete
Name: STEWART, MATTHEW D
Address: 306 PRIMROSE CIRCLE
City-St-Zip: DESTIN, FL 32541 US

Title: S ( ) Delete
Name: KNOWLES, LAUREN A
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: D ( ) Delete
Name: HUDSON, WILLIAM A
Address: 128 SCOTTSDALE COURT
City-St-Zip: MARYESTHER, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WOOTEN, CHRISTOPHER L
Address: 206 GRACIE LANE
City-St-Zip: NICEVILLE, FL 32578 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN C. KNOWLES P 04/04/2007

Electronic Signature of Signing Officer or Director Date