


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000094488 1. Entity Name COASTLINE PROTECTION, INC.	
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Principal Place of Business 120 SHORELINE DRIVE GULF BREEZE, FL 32561	Mailing Address 120 SHORELINE DRIVE GULF BREEZE, FL 32561
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3207582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EHRENREICH, JOHN R 120 SHORELINE DRIVE GULF BREEZE, FL 32561	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000583942 01/12/07-80016-020 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHRENREICH, JOHN R 120 SHORELINE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EHRENREICH, RACHEL 120 SHORELINE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHRENREICH, JOHN J 120 SHORELINE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRATT, AARON 120 SHORELINE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, MATTHEW 120 SHORELINE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, BENJAMIN F PH.D 120 SHORELINE DRIVE GULF BREEZE, FL 32561

**DO NOT WRITE
IN THIS SPACE**

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: John R. Ehrenreich President 1-4-2007 850-932-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN R. EHRENREICH Daytime Phone #