2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P05000118427

Entity Name: COASTLAND AUTO SERVICE INC.

Current Principal Place of Business:

5939 SHIRLEY STREET
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5939 SHIRLEY STREET
NAPLES, FL 34109

New Mailing Address:

22 ROYAL COVE DRIVE
NAPLES, FL 34110

FEI Number: 03-0568503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WALKER, JAMES M
22 ROYAL COVE DRIVE
NAPLES, FL 34110 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: JAMES M. WALKER 01/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: WALKER, JAMES M
Address: 5939 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete
Name: WALKER, KIMBERLEY M
Address: 5939 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: WALKER, JAMES M
Address: 22 ROYAL COVE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: T (X) Change ( ) Addition
Name: WALKER, KIMBERLEY M
Address: 22 ROYAL COVE DRIVE
City-St-Zip: NAPLES, FL 34110

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: JAMES M. WALKER DPS 01/06/2006
Electronic Signature of Signing Officer or Director Date