## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000161087

Entity Name: COASTAL LIFE HOME DESIGNS, INC.

FILED Apr 27, 2006 Secretary of State

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

4320 A1A SOUTH SUITE 1

ST. AUGUSTINE, FL 32080 US

Current Mailing Address: New Mailing Address:

4320 A1A SOUTH

SUITE 1

ST. AUGUSTINE, FL 32080 US

FEI Number: 20-3930475 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:

FLOREZ, ROBERT S 4320 A1A SOUTH SUITE 1 FLOREZ, ROBERT S UITE 1 FLOREZ, ROBERT S 4320 A1A SOUTH SUITE 1

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32080 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: ROBERT S FLOREZ 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 FLOREZ, ROBERT
 Name:
 FLOREZ, ROBERT S

 Address:
 9 HERON CIRCLE
 Address:
 9 HERON CIRCLE

City-St-Zip: ST., AUGUSTINE, FL 32080 US City-St-Zip: ST. AUGUSTINE, FL 32080 US

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

 Name:
 FLOREZ, MICHAEL
 Name:
 FLOREZ, MICHAEL A

 Address:
 40 DUCKWOOD DRIVE
 Address:
 40 DUCKWOOD DRIVE

City-St-Zip: SOUTHERN SHORES, NC 27949 US City-St-Zip: SOUTHERN SHORES, NC 27949 US

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: ROBERT S. FLOREZ DP 04/27/2006