2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# P06000000574

Entity Name: COAST TO COAST DISASTER RELIEF INC.

Current Principal Place of Business:

6129 NW DURIAN ST
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

8367 38TH ST CIR E
SUITE 204
SARASOTA, FL 34243

Current Mailing Address:

6129 NW DURIAN ST
PORT SAINT LUCIE, FL 34986

New Mailing Address:

8367 38TH ST CIR E
SUITE 204
SARASOTA, FL 34243

FEI Number: 56-2555846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYDE, WILLIAM
6129 NW DURIAN ST
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

HYDE, WILLIAM
8367 38TH ST CIR E
SUITE 204
SARASOTA, FL 34243 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: WILLIAM HYDE 08/19/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: LAMB, MARK
Address: 1964 SW GLENDALE ST
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VP/D ( ) Delete
Name: HYDE, WILLIAM
Address: 6129 NW DURIAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete
Name: HYDE, WILLIAM
Address: 6129 NW DURIAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete
Name: LAMB, MARK
Address: 1964 SW GLENDALE ST
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: LAMB, MARK
Address: 1964 SW GLENDALE ST
City-St-Zip: PORT SAINT LUCIE, FL 34243

Title: VP/D (X) Change ( ) Addition
Name: HYDE, WILLIAM
Address: 8367 38TH ST CIR E SUITE 204
City-St-Zip: SARASOTA, FL 34243

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 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: WILLIAM HYDE VP 08/19/2008
Electronic Signature of Signing Officer or Director Date