



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 040 ***150.00

DOCUMENT # P06000044383 1. Entity Name COASTAL IMPACT WINDOWS, INC.																																																																													
Principal Place of Business 4747 NOB HILL ROAD 5 SUNRISE, FL 33351			Mailing Address 4747 NOB HILL ROAD 5 SUNRISE, FL 33351																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01042008 Chg-P CR2E034 (12/06)																																																																									
City & State Zip Country		City & State Zip Country																																																																											
4. FEI Number 20-4676716		Applied For Not Applicable																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent OWENS, RICHARD D 4747 NOB HILL ROAD 5 SUNRISE, FL 33351																																																																									
7. Name and Address of New Registered Agent Name Michael NORSESIAN Street Address (P.O. Box Number is Not Acceptable) 4747 NOB HILL ROAD #5 City SUNRISE FL Zip Code 33351																																																																													
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 <i>Michael Norsesian</i> Michael NORSESIAN 1/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OWENS, RICHARD D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4747 NOB HILL ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORELLI, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4747 NOB HILL ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAY, RONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4747 NOB HILL ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	OWENS, RICHARD D		STREET ADDRESS	4747 NOB HILL ROAD		CITY-ST-ZIP	SUNRISE, FL 33351		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	MORELLI, MICHAEL		STREET ADDRESS	4747 NOB HILL ROAD		CITY-ST-ZIP	SUNRISE, FL 33351		TITLE	SEC	<input type="checkbox"/> Delete	NAME	RAY, RONALD		STREET ADDRESS	4747 NOB HILL ROAD		CITY-ST-ZIP	SUNRISE, FL 33351		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Michael Norsesian</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-15-08		Daytime Phone # 954-749-6701																																																																									