2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-22-2007 90007 014 ***150.00 DOCUMENT # P06000046385 1. Entity Name COASTAL ISLAND VENTURES, INC. Mailing Address Principal Place of Business 40022563 13580 TRADITIONS DRIVE 13580 TRADITIONS DRIVE SEMINOLE, FL 33776 SEMINOLE, FL 33776 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 107 WALL 107 WALL STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number REDINGTON SHERES, FL REDINGTON SHORES. FL 20-4604847 Not Applicable Zip 33 708 \$8.75 Additional 5. Certificate of Status Desired 33708 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD CHARRON, DONALD Street Address (P.O. Box Number is Not Acceptable) 13580 TRADITIONS DRIVE SEMINOLE, FL 33776 REDINGTON SNORES ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept DONALD CHARRON SIGNATURE Signature, typed or printed mame of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition n ☐ Delete TITLE TITLE CHARRON, DONALD CHARRON, DONALD NAME NAME 107 WALL STREET 13580 TRADITIONS DRIVE STREET ADDRESS STREET ADDRESS REDINGTON SHORES, FL 33708 CITY-ST-ZIP SEMINOLE, FL 33776 CITY-ST-ZIP Vice President ☐ Delete TITLE TITLE Nash, Wendy 10359 7694 Carver Ct NASH, WENDY NAME NAME STREET ADDRESS 10352 LONGWOOD DRIVE STREET ADDRESS Seminole, 71 CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition FITTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 rue 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or organ attachment with an address, with all priner like empowered SIGNATURE:

FILED Feb 22, 2007 8:00 am