


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 044 ***150.00

DOCUMENT # P06000065148	
1. Entity Name COAST 3 ENTERTAINMENT CORP.	

Principal Place of Business 6542 HYPOLUXO ROAD SUITE 318 LAKE WORTH, FL 33467	Mailing Address 6542 HYPOLUXO ROAD SUITE 318 LAKE WORTH, FL 33467
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40126457



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

05232007 Chg-P CR2E034 (12/06)

4. FEI Number 74-317-6962	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZDANOWICZ, MICHAEL S MR. 6542 HYPOLUXO ROAD SUITE 318 LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZDANOWICZ, MICHAEL S		NAME		
STREET ADDRESS	6542 HYPOLUXO ROAD		STREET ADDRESS		
CITY, ST, ZIP	LAKE WORTH, FL 33467		CITY, ST, ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLO-TRAVIS, MARLENE		NAME		
STREET ADDRESS	6542 HYPOLUXO ROAD		STREET ADDRESS		
CITY, ST, ZIP	LAKE WORTH, FL 33467		CITY, ST, ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZDANOWICZ, MICHAEL S		NAME		
STREET ADDRESS	6542 HYPOLUXO ROAD		STREET ADDRESS		
CITY, ST, ZIP	LAKE WORTH, FL 33467		CITY, ST, ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, KATHRYN		NAME		
STREET ADDRESS	6542 HYPOLUXO ROAD		STREET ADDRESS		
CITY, ST, ZIP	LAKE WORTH, FL 33467		CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAVIS, JAMES W MR.		NAME		
STREET ADDRESS	6542 HYPOLUXO ROAD		STREET ADDRESS		
CITY, ST, ZIP	LAKE WORTH, FL 33467		CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, MARTIN E		NAME		
STREET ADDRESS	6542 HYPOLUXO ROAD		STREET ADDRESS		
CITY, ST, ZIP	LAKE WORTH, FL 33467		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 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 S Zdanowicz</i>	7-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date