

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101034

FILED
Aug 26, 2008
Secretary of State

Entity Name: COASTAL TAX CONSULTING INC.

Current Principal Place of Business:

216 SE VOLKERTS TERR.
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

9201 AVENEL LANE
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

216 SE VOLKERTS TERR.
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

9201 AVENEL LANE
PORT ST. LUCIE, FL 34986 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, NICOLE D
216 SE VOLKERTS TERR.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

PAGE, JASON R
9201 AVENEL LANE
PORT ST. LUCIE, FL 34986 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: JASON R PAGE

08/26/2008

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 () Delete
Name: JONES, NICOLE D
Address: 216 SE VOKERTS TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VP (X) Delete
Name: PAGE, JASON R
Address: 216 SE VOLKERTS TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAGE, JASON R
Address: 9201 AVENEL LANE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: JASON R PAGE

PRES

08/26/2008

Electronic Signature of Signing Officer or Director

Date