2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068427

Entity Name: COASTAL LIFESTYLE ENTERPRISES, INC.

FILED Apr 22, 2009 Secretary of State

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Current Principal Place of Business: New Principal Place of Business: 1601 NORTH CENTRAL AVENUE, UNITE 203 FLAGLER BEACH, FL 32136 **Current Mailing Address: New Mailing Address:** 1601 NORTH CENTRAL AVENUE, UNITE 203 PO BOX 350501 FLAGLER BEACH, FL 32136 PALM COAST, FL 32135 FEI Number: 26-3340811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, JEFFREY L 1601 NÓRTH CENTRAL AVENUE, UNITE 203 FLAGLER BEACH, FL 32136 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:

 Name:
 MILLER, JEFFREY L
 Name:

 Address:
 P.O. BOX 350501
 Address:

 City-St-Zip:
 PALM COAST EL 32135
 City-St-Zip:

City-St-Zip: PALM COAST, FL 32135 City-St-Zip:

 Title:
 D () Delete
 Title:

 Name:
 MILLER, LINDA M
 Name:

 Address:
 P.O. BOX 350501
 Address:

 City-St-Zip:
 PALM COAST, FL 32135
 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: JEFFREY L MILLER D 04/22/2009