

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085128

FILED
Mar 22, 2010
Secretary of State

Entity Name: COASTAL SYNERGY CORP

Current Principal Place of Business:

13203 BYRD LEGG DR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13203 BYRD LEGG DR
ODESSA, FL 33556

New Mailing Address:

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

Name and Address of Current Registered Agent:

SANDERS, KIM A
13203 BYRD LEGG DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

HARPER, JR., TRACY E MR.
13203 BYRD LEGG DR
ODESSA, FL 33556 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: TRACY E HARPER JR.

03/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: PUCCINI, CHARLES J
Address: 13203 BYRD LEGG DR
City-St-Zip: ODESSA, FL 33556

Title: T,S
Name: HARPER, JR., TRACY E MR.
Address: 13203 BYRD LEGG DR
City-St-Zip: ODESSA, FL 33556

Title: D
Name: BAUER, THOMAS
Address: BAUER STRASSE 1
City-St-Zip: SCHROBENHAUSEN, GE 86529 GE

Title: D
Name: TESCHEMACHER, PETER
Address: BAUER STRASSE 1
City-St-Zip: SCHROBENHAUSEN, GE 86529 GE

Title: D
Name: BLISS, HANS-JOACHIM
Address: BAUER STRASSE 1
City-St-Zip: SCHROBENHAUSEN, GE 86529 GE

I hereby 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 all other like empowered.

SIGNATURE: TRACY E HARPER, JR.

T,S

03/22/2010

Electronic Signature of Signing Officer or Director

Date