2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P93000018632

Entity Name: COASTAL INSURANCE, INC.

Current Principal Place of Business:

1227 NO STATE RD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

4000 HOLLYWOOD BLVD.
SUITE 495S
HOLLYWOOD, FL 33021

Current Mailing Address:

1227 NO STATE RD 7
HOLLYWOOD, FL 33021

New Mailing Address:

P O BOX 816427
HOLLYWOOD, FL 33081

FEI Number: 65-0394172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHES, EVA
1227 NO STATE RD 7
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MATHES, EVA
9951 NW 5TH PL.
PLANTATION, FL 33324 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: 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EVA MATHES,
Address: 9951 NW 5 PL.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MATHES, EVA PRES
Address: 9951 NW 5 PL.
City-St-Zip: PLANTATION, FL 33324

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: EVA MATHES PRES 04/28/2009
Electronic Signature of Signing Officer or Director — Date