2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# P95000057406

Entity Name: COASTAL VISION CORPORATION

Current Principal Place of Business:

802 STERTHAUS AVENUE
SUITE C
ORMOND BEACH, FL 32174

New Principal Place of Business:

345 CLYDE MORRIS BLVD.
SUITE 330
ORMOND BEACH, FL 32174

Current Mailing Address:

802 STERTHAUS AVENUE
SUITE C
ORMOND BEACH, FL 32174

New Mailing Address:

345 CLYDE MORRIS BLVD.
SUITE 330
ORMOND BEACH, FL 32174

FEI Number: 59-3329072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAKOWSKI, MICHAEL K
802 STERTHAUS AVENUE
SUITE C
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MAKOWSKI, MICHAEL K
345 CLYDE MORRIS BLVD.
SUITE 330
ORMOND BEACH, FL 32174 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: 07/11/2006
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: D ( ) Delete
Name: MAKOWSKI, MICHAEL K
Address: 802 STERTHAUS AVENUE, SUITE C
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MAKOWSKI, MICHAEL K
Address: 345 CLYDE MORRIS BLVD.. SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL K. MAKOWSKI DR. 07/11/2006
Electronic Signature of Signing Officer or Director — Date