2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2006 8:00 am Secretary of State DOCUMENT # P95000079436 05-10-2006 90103 002 ***150.00 COCÓNUTS OF INDIAN RIVER, INC. Principal Place of Business Mailing Address **516 RIVER DRIVE** 516 RIVER DRIVE VERO BEACH, FL 32963 VERO BEACH, FL 32963 US 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0619082 Not Applicable \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent TAN, PAMELA DO NOT WRITE 2320 OCEAN DR. VERO BEACH, FL 32963 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registe (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TAN, PAMELA B NAME 516 RIVER DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 TAN, MELLEH O TITLE NAME STREET ADDRESS 516 RIVER DRIVE VERO BEACH, FL 32963 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #

ATTACHMENT 60637999

#P950000 79436

FLORIDA DEPT. OF STATE **DIVISION OF CORPORATIONS** P.O. BOX 6198 TALLAHASSEE, FL 32314

DEAR SIRS/MADAM,

I DID NOT RECEIVE MY NOTICE FOR THE ANNUAL REPORT.

PLEASE WAVE THE LATE FEE OF \$400.00.

SINCERELY,

PAMELA TAN

OWNER