


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

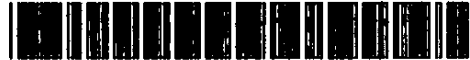
**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90018 020 \*\*\*150.00

<b>DOCUMENT # P97000053485</b> 1. Entity Name COASTAL COURT REPORTING, INC.	
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Principal Place of Business 5639 NE 4 LANE OKEECHOBEE, FL 34974 US	Mailing Address 5639 NE 4 LANE OKEECHOBEE, FL 34974 US
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50003631



03122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 5624 NE 4th Lane Suite, Apt. #, etc.	3. Mailing Address 5624 NE 4th Lane Suite, Apt. #, etc.
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City & State Okeechobee, FL Zip 34974 Country USA	City & State Okeechobee, FL Zip 34974 Country USA
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4. FEI Number 65-0764584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHIVARI, NANCY M 300 N.E. 60TH AVENUE OKEECHOBEE, FL 34974	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 registered agent.	
SIGNATURE: <u>Nancy M. Chivari</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <u>3-11-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVARI, NANCY M 300 NE 60TH AVE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5624 NE 4th Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <u>Nancy M. Chivari</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3-11-06</u> Daytime Phone #: <u>863-697-2490</u>