2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066540

Entity Name: COASTLINE IMAGING, INC.

FILED Apr 16, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2290 W. E	AU GALLIE BL	.VD.			
STE 104 MELBOUF	RNE, FL 3293)			
Current Mailing Address:			New Mailing Address:		
STE 104	EAU GALLIE BL RNE, FL 3293				
	: 65-0774532	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
STE 104 MELBOUF The above in the State	EAU GALLIE BL RNE, FL 32935 named entity e of Florida.	5 US	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agen			gent	 Date	
Election Car		g Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NICOLE, MARK 6380 FLORIDA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (EAKER, JAMES 2065 EAGLES APOPKA, FL 3	REST DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EAKER, WEND	TRAL BLVD., # 1502	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JAMES L EAKER P 04/16/2009