


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000100021	
1. Entity Name COASTAL CONSTRUCTION GROUP OF SOUTH FLORIDA, INC.	

Principal Place of Business 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126	Mailing Address 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0802683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI, FL 33133**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, THOMAS P JR 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, JOHN M 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDERMAN, KEN R 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, LESLIE B 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PHILBRICK, LYNN 5959 BLUE LAGOON DR STE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80060-015 150.00

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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: Ken Alderman KEN Alderman 3-28-2008 305-559-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #