2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# P98000084083

Entity Name: COASTAL C.P.P. PARTNERS, INC.

Current Principal Place of Business:

28100 U.S. HWY. 19N
STE. 511
CLEARWATER, FL 33760

New Principal Place of Business:

3248 MASTERS DRIVE
CLEARWATER, FL 33761

Current Mailing Address:

28100 U.S. HWY. 19N
STE. 511
CLEARWATER, FL 33760

New Mailing Address:

3248 MASTERS DRIVE
CLEARWATER, FL 33761

FEI Number: 59-3536229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAUB, JOEL S
3248 MASTERS DR.
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAUB, JOEL S
Address: 8248 MASTERS DR.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TRAUB, JOEL S
Address: 3248 MASTERS DR.
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEL TRAUB D 03/14/2005
Electronic Signature of Signing Officer or Director Date