

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103121

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: COASTAL PROPERTIES GROUP, INC.

**Current Principal Place of Business:**

1804 OCEAN DR.  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1804 OCEAN DR.  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 59-3548915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTOLAW, INC.  
50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 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: WOLFF, LESLIE H  
Address: 1804 OCEAN DR.  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: WOLFF, TIMOTHY E  
Address: 3003 OCEAN DRIVE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE H. WOLFF

D

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date