2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038177

O'BRIEN, DONALD T JR

PALM COAST, FL 32164

15 CYPRESS BRANCH WAY STE 203

Name:

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Name: COAST INVESTMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164 **Current Mailing Address: New Mailing Address:** 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164 FEI Number: 59-3573889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBBS-GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCDERMOTT, SANDRA M MCDERMOTT, SANDRA M Name: Name: 15 CYPRESS BRANCH STE 203 15 CYPRESS BRANCH STE 203 Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164 Title: Title: () Delete () Change () Addition Name: GAZZOLI. NICOLE R Name: 15 CYPRESS BRANCH WAY STE 203 Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: (X) Change () Addition Title: () Delete DVS

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.

Name:

Address:

City-St-Zip:

O'BRIEN, DONALD T JR

PALM COAST, FL 32164

15 CYPRESS BRANCH WAY STE 203

SIGNATURE: NICOLE R GAZZOLI ٧ 04/26/2007