

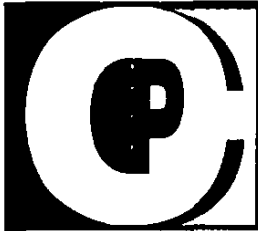
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 011 \*\*\*150.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # P99000051793</b><br>1. Entity Name<br><b>BULLETS WAY, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>3550 BISCAYNE BLVD #202<br/>MIAMI, FL 33137</b>  |  |  | Mailing Address<br><b>3550 BISCAYNE BLVD #202<br/>MIAMI, FL 33137</b> |  |  |
| 2. Principal Place of Business<br><i>3900 NW 2nd Ave</i><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><i>3900 NW 2nd Ave</i><br>Suite, Apt. #, etc.  |   |  |  |
| City & State<br><i>Miami, FL</i>   |  | City & State<br><i>Miami, FL</i>   |   | 4. FEI Number<br><b>65-0921852</b>   |  |
| Zip<br><b>33127</b>  |  | Country<br><b>23127</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BROMLEY, MICHAEL W<br/>3550 BISCAYNE BLVD #202<br/>MIAMI, FL 33137</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE: _____ DATE: _____<br><small>(Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when reappointing))</small>   |  |  |   |  |  |
| <b>FILE NOW!! FEE IS \$550.00<br/>Due by September 6, 2006</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>BROMLEY, MICHAEL W<br/>3550 BISCAYNE BLVD #202<br/>MIAMI, FL 33137</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>3900 NW 2nd Ave<br/>Miami, FL 33127</i>                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 this address, with all other like empowered. |  |  |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |   |  |  |
| Date: _____ Daytime Phone: _____   |  |  |   |  |  |

ATTACHMENT



66022305  
#P9900051793

June 22, 2006

COASTAL PROPERTIES, INC.

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: Waiver / Forgiveness of Late Fees for Annual Returns

To Whom It May Concern:

Enclosed please find various Annual Corporate Returns for entities we operate in the State of Florida. These returns are being sent in to your offices late due to the negligence of our previous bookkeeper, Ms. Maria Rodriguez (since terminated).

Ms. Rodriguez developed some personal issues while in our employ that led to a lack of proper and professional oversight and control of the reporting functions specific to her position. We were completely unaware that the issues Ms. Rodriguez faced were of a serious nature. We are now forced to bear the financial burden of this nondisclosure as it has affected the whole of her job duties. It is only now we are discovering certain improprieties like these un-filed, unpaid returns. Substantial fees and penalties from various governmental agencies in the states we conduct business in have been arriving at our door.

The intent of this letter is to ask for a waiver of the late fees applied to various returns included herein. We are attempting to obtain documentation from Ms. Rodriguez that clearly states what I have explained above.

If you should have any questions please contact me at my office – 305.403.4225 x 303.

Thank you in advance for your assistance,

Stephen Bromley

Coastal Properties, Inc.

ATTACHMENT



DEPARTMENT OF VETERANS AFFAIRS

Medical Center  
1201 Northwest 16<sup>th</sup> Street  
Miami FL 33125-1693

66022305  
#P90005193

June 13, 2006

In Reply Refer To:

RE: Rodriguez, Maria E.

Coastal Properties  
Attn: Michael Bromley,  
In reference to: Florida Division  
of Corporations  
3900 NW 2<sup>nd</sup> Ave.  
Miami, FL 33127

Attn: Michael Bromley:

This letter is in reference to the above named veteran. Ms. Rodriguez has requested verification of her treatment at the Miami Veterans Affairs Healthcare System be provided to your organization. Ms. Rodriguez has been receiving healthcare at the Miami VA since 2001 and continues to be enrolled in treatment here.

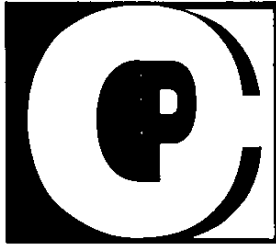
Ms. Rodriguez has signed a release of information to provide your organization with this information.

Thankyou,

A handwritten signature in black ink, appearing to read "Ana Gonzalez".

Ana Gonzalez, LCSW  
Clinical social worker  
(305)324-4455 ext. 3942

ATTACHMENT



66022305  
#P99 000051793

July 24, 2006

COASTAL PROPERTIES, INC.

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

I think there is some confusion on our request to waive the late fees on the enclosed corporations.

We never received the Annual Reports for these companies.

Our address is 3900 NW 2<sup>nd</sup> Ave and has been for over one year. We did notify everyone but some of the Annual Reports went to the old address and were not forwarded to us.

Thank you for your consideration,

Sincerely yours,

Ronni Blank  
Controller