## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S79962

Entity Name: COASTAL OPTICAL SYSTEMS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
16490 INNO JUPITER, F	OVATION DF FL 33478	RIVE US					
Current Mailing Address:			New Maili	New Mailing Address:			
16490 INNO JUPITER, F	OVATION DF FL 33478	RIVE US					
FEI Number:	65-0284601	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desi	red ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
KUMLER, J 151 PENNO JUPITER, F	OCK TRACE	DRIVE US					
The above in the State		submits this statement for the pu	rpose of changing i	ts registered of	fice or registered agen	t, or both,	
SIGNATUR	E:						
	Electro	onic Signature of Registered Agen	t		Date		
Election Cam	paign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	NEER, MARC 120 LEHANE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	KUMLER, JAN	K TRACE DRIVE	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VSD ( MALCOM, HE 1090 CHENIL WESTON, FL	LE CIRCLE	Title: Name: Address: City-St-Zip:	VSD (X) MALCOM, HENF 850 PALM COVI PALM CITY, FL	E DRIVE		
Title: Name: Address: City-St-Zip:	WILDER, SUS 1982 RIDGE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	HOLLIGER, U 5112 CROSS	) Delete LRICH ING ROCKS CT. CH, FL 33407 US	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BIRNER, HEN JENOPTIK LA	) Delete IRY ISER OPTIK, SYSTEME GMBH IANY, D-0779	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN WILDER V 04/16/2009