APR-30-2008 04:13 AM RAH COMPANIES

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May 21, 2008 8:00 am
Secretary of State
05-21-2008 90023 015 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V28767

1. Entity Name
COASTAL CREATIONS, INC.

60042736

04292008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2215 W. CERVANTES STREET PENSACOLA, FL 32503 US	1032 S. WESTLAND DR. APPLETON, WI 54915
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3117325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HASSELL, YVONNE~~ 31~~00 MARCUS POINTE BL~~VD. ~~PENSACOLA, FL 32500~~	Name Russell A. Hassell, Sr. Street Address (P.O. Box Number is Not Acceptable) 17268 SE 101st Avenue Rd City Summerfield FL Zip Code 34491

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HASSEL, RUSSELL ~~3100 MARCUS POINTE BLVD.~~ ~~PENSACOLA, FL 32500~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17268 SE 101st Avenue Rd Summerfield, FL 34491
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: Russell Hassell 4-30-08 850 525 6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #