

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212537660				
1.) CORPORATION NAME: <b>Coastal Castles, Incorporated</b>		DUE DATE: <b>9/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PHILIP W MURDEN JR 6489 CRAGS CAUSEWAY VIRGINIA BEACH, VA 23457</b>		SCC ID NO: <b>06646715</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 6489 CRAGS CAUSEWAY CITY/ST/ZIP: VIRGINIA BEACH, VA 23457						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: CONNIE D MURDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: S/T						
ADDRESS: 6489 CRAGS CAUSEWAY						
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23457						
NAME: PHILIP W MURDEN JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 6489 CRAGS CAUSEWAY						
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23457						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ CONNIE D MURDEN	CONNIE D MURDEN, S/T	9/29/2012				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						