


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90052 049 \*\*\*150.00

DOCUMENT # F00000004571	
1. Entity Name SPECIALTY POLYMER COATINGS USA, INC.	

40012126



01192007 No Chg-P CR2E034 (11/05)

Principal Place of Business 20529 62ND AVENUE #104 LANGLEY, BC V3A 8-R4	Mailing Address 20529 62ND AVENUE #104 LANGLEY, BC V3A 8-R4
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0580367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLISTON, GEORGE R 20529 62ND AVENUE, #104 LANGLEY, BC V3A 8R4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLISTON, SHARON ANN 20529 62ND AVENUE, #104 LANGLEY, BC V3A 8R4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISTON, CHRISTOPHER G 20529 62ND AVENUE, #104 LANGLEY, BC V3A 8R4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 life empowers

SIGNATURE: *Sharon Alliston* Date: Jan 22/07 Daytime Phone #: 604-514-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR