

-2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F0000004571 1. Entity Name SPECIALTY POLYMER COATINGS USA, INC.	
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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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08202008 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0580367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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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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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

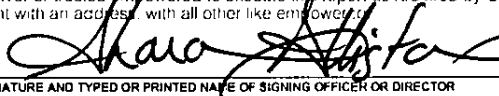
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 ANNE 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	

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 08/22/08-80003-008 158.75

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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 empowerments.

SIGNATURE:  SHARON ALLISTON Aug 21/08 604-514-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #