

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004766

Entity Name: TCI POWDERED COATINGS, INC.

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

4036 DIXON DRIVE
ELLAVILLE, GA 31806

New Principal Place of Business:

Current Mailing Address:

PO BOX 13
ELLAVILLE, GA 31806

New Mailing Address:

FEI Number: 58-1718771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLADE, THOMAS H
Address: 610 AIRPORT ROAD, P.O. BOX 132
City-St-Zip: ELLAVILLE, GA 31806

Title: V () Delete
Name: GREENE, DOUGLAS G
Address: 610 AIRPORT ROAD, P.O. BOX 132
City-St-Zip: ELLAVILLE, GA 31806

Title: V () Delete
Name: HAUGEN, HARTWICK A
Address: 610 AIRPORT ROAD, P.O. BOX 132
City-St-Zip: ELLAVILLE, GA 31806

Title: VT () Delete
Name: MUSIAL, JAMES A
Address: 610 AIRPORT ROAD, P.O. BOX 132
City-St-Zip: ELLAVILLE, GA 31806

Title: V () Delete
Name: SLADE, JOSEPH
Address: 610 AIRPORT ROAD, P.O. BOX 132
City-St-Zip: ELLAVILLE, GA 31806

Title: V (X) Delete
Name: WILLIS, J. EDWIN
Address: 610 AIRPORT ROAD, P.O. BOX 132
City-St-Zip: ELLAVILLE, GA 31806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLADE, THOMAS H
Address: 610 AIRPORT ROAD, P.O. BOX 13
City-St-Zip: ELLAVILLE, GA 31806

Title: V (X) Change () Addition
Name: GREENE, DOUGLAS G
Address: 610 AIRPORT ROAD, P.O. BOX 13
City-St-Zip: ELLAVILLE, GA 31806

Title: V (X) Change () Addition
Name: HAUGEN, HARTWICK A
Address: 610 AIRPORT ROAD, P.O. BOX 13
City-St-Zip: ELLAVILLE, GA 31806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A MUSIAL

VT

01/24/2006

Electronic Signature of Signing Officer or Director

Date