2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 19, 2006
Secretary of State

DOCUMENT# P05000052991

Entity Name: OFFICE AND HOME COATINGS, CORP

Current Principal Place of Business:

10773 OAK GLEN CIRCLE
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

10773 OAK GLEN CIRCLE
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 83-0426689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFMAN, EUGENE JR W OWNER
10773 OAK GLEN CIRCLE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

COFFMAN, JR, EUGENE W OWNER
10773 OAK GLEN CIRCLE
ORLANDO, FL 32817 US

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: EUGENE W. COFFMAN, JR. 09/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COFFMAN, DEANN M PRES
Address: 10773 OAK GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

Title: VP ( ) Delete
Name: KROEPLIN, MERLE
Address: 2018 CARRINGTON DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: VP (X) Delete
Name: COFFMAN, JEROD
Address: 10773 OAK GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

Title: SEC (X) Delete
Name: COFFMAN, CHANDLOR
Address: 10773 OAK GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

Title: VP (X) Delete
Name: KROEPLIN, JULIE
Address: 2018 CARRINGTON DRIVE
City-St-Zip: ORLANDO, FL 32807 US

Title: VP (X) Delete
Name: COFFMAN, MIKE
Address: 3641 BLISS AVE
City-St-Zip: ORLANDO, FL 32827 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COFFMAN, JR, EUGENE W
Address: 10773 OAK GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

Title: VP (X) Change ( ) Addition
Name: COFFMAN, DE ANN M
Address: 10773 OAK GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

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

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: DEANN M. COFFMAN VP 09/19/2006
Electronic Signature of Signing Officer or Director Date