

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

[Handwritten Signature]

FILED

06 SEP 25 2006 1:41

SECRET
TALLAHASSEE, FL



09202006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000042380 1. Entity Name A-1 COATING, INC.					
Principal Place of Business 12911 LADD AVENUE NEW PORT RICHEY, FL 34654			Mailing Address 12911 LADD AVENUE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business 9925 GRACE DRIVE		3. Mailing Address 9925 GRACE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT RICHEY, FL		City & State PORT RICHEY, FL		4. FEI Number 59-3382968	
Zip 34668		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNS, WILLIAM D 12911 LADD AVENUE NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name PITT, JR., MICHAEL FLOYD Street Address (P.O. Box Number is Not Acceptable) 9925 GRACE DRIVE City PORT RICHEY FL Zip Code 34668	
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 <i>[Signature]</i> DATE 9/22/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNS, WILLIAM D 12911 LADD AVENUE NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T PITT, JR., MICHAEL FLOYD 9925 GRACE DRIVE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080153784 09/25/06--01068--017 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE: <i>[Signature]</i>			MICHAEL FLOYD PITT, JR. X 9/22/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		