


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 039 ***150.00

DOCUMENT # F05000006679 1. Entity Name COMMONWEALTH LAMINATING & COATING, INC.					
Principal Place of Business 73 S.W. 12TH AVE., #102 DANIA BEACH, FL 33020			Mailing Address 73 S.W. 12TH AVE., #102 DANIA BEACH, FL 33020		
2. Principal Place of Business 73 S.W. 12th Ave Suite, Apt. #, etc. # 102 City & State Dania Beach, FL Zip 33004 Country USA		3. Mailing Address 73 S.W. 12th Ave Suite, Apt. #, etc. # 102 City & State Dania Beach, FL Zip 33004 Country USA			
4. FEI Number 54-1781261				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06292006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent D'ANGELO, ANDREA 73 S.W. 12TH AVE., #102 DANIA BEACH, FL 33020			7. Name and Address of New Registered Agent Name Monica De Souza Street Address (P.O. Box Number is Not Acceptable) 73 S.W. 12th Ave, #102 City Dania Beach FL Zip Code 33004		
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 <u><i>u/b Souza</i></u> DATE 07/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LACY, FRANK M JR P.O. BOX 3084 MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Andrew W. Strauss Rockefeller Center, 630 Fifth Ave, Ste 1530 New York, NY 10111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, RICHARD 211 OAKDALE ST. MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President + Treasurer Stephen P. Dyke Terminal Tower, 50 Public Square, Ste 4000 Cleveland, OH 44113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, DOUGLAS E 910 MULBERRY RD MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President + Secretary Matthew N. Dailey Terminal Tower, 50 Public Square, Ste 4000 Cleveland, OH 44113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, STEPHEN N 370 ISLAND VIEW DR. PENHOOK, VA 24137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Finance Melanie Bryant PO Box 4668 Martinsville, VA 24115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBBE, JOSEPH 231 EAST CHURCH ST. MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Operations Matt Phillips PO Box 4668 Martinsville, VA 24115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>Melanie J. Bryant</i></u> 6/30/06 276-632-4991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					