2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006679

Entity Name: COMMONWEALTH LAMINATING & COATING, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
73 S.W. 12TH AVE. SUITE 102 DANIA BEACH, FL 33004						
Current Mailing Address:			New Maili	New Mailing Address:		
P.O.BOX 4668 MARTINSVILLE, VA 24115				345 BEAVER CREEK DRIVE MARTINSVILLE, VA 24112		
FEI Number: 54-1781261 FEI Number Applied For () FEI Num			umber Not Appl	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
GABRIEL, TONYA 73 S.W. 12TH AVE. SUITE 102 DANIA BEACH, FL 33004 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:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () DYKE, STEVE 50 PUBLIC SQ S CLEVELAND, OH		Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS () [DAILEY, MATTHE 50 PUBLIC SQ S CLEVELAND, OF	UITE 4000	Title: Name: Address: City-St-Zip:	VPS (X) (ROTH, SARAH 3131 MCKINNEY DALLAS, TX 752		
Title: Name: Address: City-St-Zip:	P () E PHILLIPS, STEP 370 ISLAND VIEV PENHOOK, VA 2	V DR.	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [PHILLIPS, MATT PO BOX 4668 MARTINSVILLE,		Title: Name: Address: City-St-Zip:	COO (X) (PHILLIPS, MATT 345 BEAVER CR MARTINSVILLE,	EEK DRIVE	
Title: Name: Address: City-St-Zip:	VP () [BRYANT, MELAN PO BOX 4668 MARTINSVILLE,		Title: Name: Address: City-St-Zip:	VP (X) 0 BRYANT, MELAN 345 BEAVER CR MARTINSVILLE,	EEK DRIVE	
Title: Name: Address: City-St-Zip:	DIR () EBENSON, GEOR 10 RIVER SIDE FROCKY RIVER, C	RD	Title: Name: Address: City-St-Zip:	()(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MELANIE J. BRYANT VP 01/14/2009