

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90030 018 \*\*\*158.75

<b>DOCUMENT # F07000003155</b> 1. Entity Name <b>ELEGANCE COATING LTD. INC.</b>		
Principal Place of Business <b>485 SHELL RD - STE B-1                  DUBARY, FL 32713</b>		Mailing Address <b>485 SHELL RD - STE B-1                  DUBARY, FL 32713</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>DEBARY, FL</b> Zip Country	City & State <b>DEBARY, FL</b> Zip Country	4. FEI Number <b>71-1033403</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>MORIN, MARIO                  485 SHELL RD - STE B-1                  DUBARY, FL 32713</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>DEBARY</b> <b>FL</b> Zip Code
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>Mario Morin</i> <b>MARIO MORIN</b> <b>01/07/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME MORIN, MARIO <input type="checkbox"/> Delete STREET ADDRESS 485 SHELL RD - STE B-1 CITY-ST-ZIP DUBARY, FL 32713	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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>Mario Morin</i> <b>MARIO MORIN</b>		Date: <b>01/07/2008</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

