


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90171 006 ***150.00

DOCUMENT # H72616	
1. Entity Name BAY AREA INDUSTRIAL COATINGS, INC.	

Principal Place of Business 5705 E. HANNA AVE. TAMPA, FL 33610	Mailing Address 5705 E. HANNA AVE. TAMPA, FL 33610
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40059721



2. Principal Place of Business - No P.O. Box # 1209 Old Hopewell Rd.	3. Mailing Address 1209 Old Hopewell Rd.
Suite, Apt. #, etc. Unit B6	Suite, Apt. #, etc. Unit B6

City & State Tampa, FL	City & State Tampa, FL
Zip 33619	Zip 33619
Country USA	Country USA

04112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2579628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOWMAN, DAWN N 5705 E HANNA AVE. TAMPA, FL 33610	7. Name and Address of New Registered Agent Name Dawn N. Bowman Street Address (P.O. Box Number is Not Acceptable) 1209 Old Hopewell Rd. Unit B6 City Tampa FL Zip Code 33619
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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 **Dawn N. Bowman** DATE **4/11/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTSD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BOWMAN, DAWN N.		NAME	
STREET ADDRESS 7604 GULF CT		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33637		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BOWMAN, KEVIN L.		NAME	
STREET ADDRESS 7604 GULF CT		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33637		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Dawn N. Bowman** DATE **4/11/07** DAYTIME PHONE # **813/626-8741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR