


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

150.00
9-15-06

DOCUMENT # L05000074597		
1. Entity Name ALL SURFACE COATINGS LLC		

FILED
06 NOV -8 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1974 CROSSLAKE COVE UNIT D FORT WALTON BEACH FL 32547	Mailing Address 1974 CROSSLAKE COVE UNIT D FORT WALTON BEACH FL 32547
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2. Principal Place of Business 1115 Bridlewood Path Suite, Apt. #, etc.	3. Mailing Address 1115 Bridlewood Path Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State F.W.B. FL	City & State F.W.B. FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32547	Country U.S.	Zip 32547	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent POWELL, SCOTTIE 1974 CROSSLAKE COVE UNIT D FORT WALTON BEACH FL 32547	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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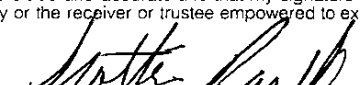
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, SCOTTIE 1974 CROSSLAKE COVE UNIT D FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Powell, Scottie 1115 Bridlewood Path Fort Walton Beach FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080824248 10/13/06--01033--023 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080824248 11/14/06--01063--024 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition

REINSTATEMENT OF

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	Date	Daytime Phone #
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