2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2006 08:00 AM Secretary of State DOCUMENT # L64092 AK FINISHES, INC. Mailing Address Principal Place of Business 4486 WOODFILED BLVD 4486 WOODFIELD BLVD BOCA RATON, FL 33434 BOCA RATON, FL 33434 TO THE STATE OF TH No Chg-P 01062006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0210208 Not Applicable \$8.75 Additional Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE DEACON, GEORGE 4486 WOODFIELD BLVD BOCA RATON, FL 33434 IN THIS SPACE 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, typed or partied name of registered agem and title if applicable. (NOTE: Registered Agent arguments required when remainting) B08800454436 03/15/06-80015-016 150.**00** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THLE DEACON, GEORGE MANAE 4486 WOODFIELD BLVD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL. DEACON, VICKY ANN MARKE 4486 WOODFIELD BLVD STREET ADDRESS CITY-SI-ZIP BOCA RATON, FL inti NAME STREET ADDRESS DO NOT WRITE CITY-ST-AP IN THIS SPACE THLE MAME STREET ADDRESS CITY-ST-279 MAME STREET ADDRESS CITY-ST-ZIP

12. It 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 acceptable 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 further the 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 highly supplementation.

SIGNATURE:

name Siriei Aduress Dity-St-209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/06

561-864-5023

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