


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M41950 1. Entity Name GOLD COAST STRIPING, INC.	
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Principal Place of Business 2928 N INDIAN RIVER DR FT PIERCE FL 34946 US	Mailing Address 2928 N INDIAN RIVER DR FT PIERCE FL 34946 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2747391
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

8. Name and Address of Current Registered Agent JONES, ROGER L 2928 N INDIAN RIVER DR FORT PIERCE FL 34946	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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B. 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 reissuing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	JONES, ROGER L			NAME			
STREET ADDRESS	2928 N INDIAN RIVER DR			STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			CITY-ST-ZIP			

1100000438395
03/01/06-80004-013 150.00

12. 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 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: *Roger L Jones* 2-14-06 977995