2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 08, 2005 8:00 am Secretary of State DOCUMENT # P00000038470 09-08-2005 90071 025 ***150.00 EASTERN COATINGS, INC. Principal Place of Business Mailing Address × 50065726 3128 LAKE WASHINGTON ROAD 7220 ACKERMAN AVENUE COCOA, FL 32927 MELBOURNE, FL 32934 3. Mailing Address Suite, Apt. #, etc. 07222005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For $\gamma I r n 0$ 59-3643326 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORMENT, ANN M Street Address (P.O. Box Number is Not Acceptable) 2500 BLUE RIDGE AVENUE COCOA, FL 32926 City Zip Code FI 8. The above named entity subgrits 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 printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the П Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition 21925 LANTERMAN, KEITH LanLerman NAME NAME (ecth 7220 ACKERMAN AVENU STREET ADDRESS STREET ADDRESS Brakhailen St CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE ☐ Change ■ Addition JUSTICE, ROBERT NAME NAME STREET ADDRESS 117 KRISTI DRIVE STREET ADDRESS INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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.

FILED