2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90025 001 ***150.00

DOCUMENT # P00000113934

1. Entity Name
BLUE DIAMOND COMMERCIAL COATINGS, INC.

Principal Place of Business	Mailing Address
2301 W 15TH ST PANAMA CITY, FL 32401	2301 W 15TH ST PANAMA CITY, FL 32401

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1225 TRANSMITTER RD.	1225 TRANSMITTER RD.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: PANAMA CITY, FL	City & State: PANAMA CITY, FL
Zip: 32401 Country: U.S.A.	Zip: 32401 Country: U.S.A.

4. FEI Number 59-3684848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, KEITH E 5028 E 14TH ST PANAMA CITY, FL 32404	Name: MILLER, KEITH E. Street Address (P.O. Box Number is Not Acceptable): 3406 NAUTICAL DR. City: SOUTHPORT FL Zip Code: 32409

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, KEITH E 5028 E 14TH ST PANAMA CITY, FL 32404	☐ Delete	DP MILLER, KEITH E. 3406 NAUTICAL DR. SOUTHPORT, FL 32409	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST MILLER, MARTIN M 5028 E 14TH ST PANAMA CITY, FL 32404	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: K Miller KEITH MILLER 18 JAN 06 850-258-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #