2006 FOR PROFIT CORPORATION

Feb 27, 2006 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P00000114149 02-27-2006 90076 038 ***150.00 1. Entity Name I.H. COATINGS, INC. Principal Place of Business Mailing Address P.O.BOX 2432 P.O.BOX 2432 BRANDON, FL 33509-2432 BRANDON, FL 33509-2432 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3684637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent-INTOS, JAMES DO NOT WRITE 2316 MEDFORD LANE BRANDON, FL 33511 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME INTOS, JAMES STREET ADDRESS 2316 MEDFORD LANE BRANDON, FL 33511 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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/wijk all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED