2006 FOR PROFIT CORPORATION

FILED Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000120958** 04-24-2006 90359 033 ***150.00 SUN COAST RUST CONTROL, INC. Principal Place of Business Mailing Address 1808 CULF BLVD: 1808 CULF BLVD. SUITE 2 SUITE-2 60029642 INDIAN ROCKS BCH, FL 33785 INDIAN ROCKS BCH. FL 33785 3. Mailing Address 2. Principal Place of Business ४०२५ Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 30-0030890 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1808 GULF BLVD. SUITE 2 INDIAN ROCKS BCH, FL 33785 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delete TITLE Change ☐ Addition TITLE SMITH, RICHARD A NAME STREET ADDRESS STREET ADDRESS 1808 GULF BLVD, STE 2 CITY-ST-ZIP INDIAN ROCKS BCH, FL 33785 CITY-ST-ZIP TD Delete TITLE Change ■ Addition TITLE SMITH, RICHARD F NAME MAME STREET ADDRESS 1808 GULF BLVD, STE 1 STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BCH, FL 33785 CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ■ Addition TITLE SMITH, SCOTT A NAME STREET ADDRESS 11616 DAUPHIN AVENUE NORTH STREET ADDRESS LARGO, FL 33778 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

■ Addition