2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 30, 2005
Secretary of State

DOCUMENT# P02000055326

Entity Name: U.S.A. COATINGS INC.

Current Principal Place of Business:

1928 FARM WAY
MIDDLEBURG, FL 32068

New Principal Place of Business:

8042 LEAFCREST DRIVE
JACKSONVILLE, FL 32244

Current Mailing Address:

1928 FARM WAY
MIDDLEBURG, FL 32068

New Mailing Address:

8042 LEAFCREST DRIVE
JACKSONVILLE, FL 32244

FEI Number: 59-3672688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYRREL, STEVEN
1928 FARM WAY
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

TYRREL, STEVEN
8042 LEAFCREST DRIVE
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: STEVEN TYRREL 11/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TYRREL, STEVEN
Address: 1928 FARM WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP (X) Delete
Name: TYRREL, STEVEN
Address: 1928 FARM WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: T (X) Delete
Name: TYRREL, STEVEN
Address: 1928 FARM WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: S (X) Delete
Name: TYRELL, STEVEN
Address: 1928 FARM WAY
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: TYRREL, STEVEN
Address: 8042 LEAFCREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN TYRREL D 11/30/2005
Electronic Signature of Signing Officer or Director Date