


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90367 012 \*\*\*150.00

<b>DOCUMENT # P02000090801</b>		
1. Entity Name <b>NEW DIMENSIONS POWDER COATINGS, INC.</b>		

Principal Place of Business <b>6330 PINE HILL RD, STE 12 PORT RICHEY, FL 34668</b>	Mailing Address <b>6330 PINE HILL RD, STE 12 PORT RICHEY, FL 34668</b>
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2. Principal Place of Business <b>8719 Keats Drive</b>	3. Mailing Address <b>8719 Keats Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hudson, FL</b>	City & State <b>Hudson, FL</b>
Zip <b>34667</b>	Zip <b>34667</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



02162006 Chg-P CR2E034 (11/05)

4. FEI Number <b>81-0567192</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>O'CONNOR, TARA M TARRA M. O'CONNOR, P.A. 10138 US HWY 19 PORT RICHEY, FL 34668</b>	7. Name and Address of New Registered Agent Name <b>Terry B. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>8719 Keats Drive</b> City <b>Hudson</b> FL Zip Code <b>34667</b>
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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 **Terry B. Smith** **3/28/06** DATE

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, TERRY B 6330 PINE HILL RD, STE 12 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, TERRY B. 8719 Keats Drive Hudson, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, BARBARA J 6330 PINE HILL RD, STE 12 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, BARBARA J. 8719 Keats Drive Hudson, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Terry B. Smith** **3/28/06** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR