

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

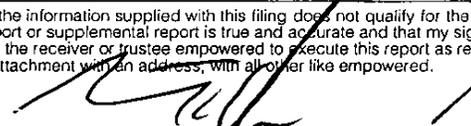
FILED
Jan 26, 2007 8:00 am
Secretary of State

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01092007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000092676				
1. Entity Name INNOVATIVE POWDER COATING, INC.				
Principal Place of Business 530 530 NE 32 ST OAKLAND PARK, FL 33334		Mailing Address % BRIAN LYNN TWO S UNIVERSITY DR., STE 215 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 3571 N. Dixie Hwy		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Oakland Park FL		City & State		4. FEI Number 02-0030253
Zip 33334	Country	Zip	Country	Applied For Not Applicable
6. Name and Address of Current Registered Agent LYNN, BRIAN TWO S UNIVERSITY DR STE 215 PLANTATION, FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				FL 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) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BATES, JAMES T 524 ISLE OF CAPRI DR FT LAUDERDALE, FL 33301 <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	
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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: 			Date	Daytime Phone #
			1/19/07	(904) 565-4333