

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 026 ***150.00

DOCUMENT # P03000031112					
1. Entity Name DALEMKA COATINGS, INC.					
Principal Place of Business 7764 SNOWBERRY CIRCLE ORLANDO, FL 32819			Mailing Address 7764 SNOWBERRY CIRCLE ORLANDO, FL 32819		
2. Principal Place of Business 8720 Great Cove Dr		3. Mailing Address 8720 Great Cove Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202006 Chg-P CR2E034 (11/05)	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 57-1155958	
Zip 32819		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent - WAINWRIGHT, JAMES 7764 SNOWBERRY CIRCLE ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8720 Great Cove Dr City Orlando FL Zip Code 32819		
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, 2006 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 PS	NAME WAINWRIGHT, JAMES		<input type="checkbox"/> Delete		
STREET ADDRESS 7764 SNOWBERRY CIRCLE	8720 Great Cove Dr		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32819					
TITLE VT	NAME CARR, CHRISTIAN		<input type="checkbox"/> Delete		
STREET ADDRESS 24103 INTEGRITY WAY	SORRENTO, FL 32776		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: _____			2/27/06 407-467-3088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		