

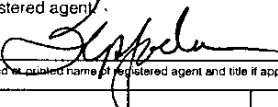
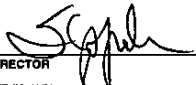


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90143 021 ***158.75

DOCUMENT # P03000126526 1. Entity Name SOLAR TECKS A-1 COATINGS INC.					
Principal Place of Business 6649 KENWOOD DRIVE NORTH PORT, FL 34287 US			Mailing Address 6649 KENWOOD DRIVE NORTH PORT, FL 34287 US		
2. Principal Place of Business 6649 Kenwood Dr, Suite, Apt. #, etc. NORTH PORT City & State FLORIDA Zip 34287 Country US		3. Mailing Address 6649 Kenwood Dr Suite, Apt. #, etc. NORTH PORT City & State FLORIDA Zip 34287 Country US			
4. FEI Number 20-0377645				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08012005 Chg-P CR2E034.(10/03)	
6. Name and Address of Current Registered Agent JORDAN, STEPHEN 6649 KENWOOD DRIVE NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name JORDAN STEPHEN Street Address (P.O. Box Number is Not Acceptable) 6649 Kenwood Dr NORTH PORT City FL Zip Code 34287		
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  DATE 8/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JORDAN, STEPHEN 6649 KENWOOD DRIVE NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, JESSE 6649 KENWOOD DRIVE NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, JAMIE 6649 KENWOOD DRIVE NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: STEPHEN JORDAN  DATE 8/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

I clicked + checked ^{ATTACHMENT} SP063730
Box- (THAT I DIDNT RECIEVE NOTICE) The #P0300012431

OUR NDMC HAS BEEN RUINED BY
CHARLIE + ITS TAKEN TIME
TO GET OUR LIVES BACK TOGETHER
I FILLED OUT THIS FORM TO
THE BEST OF MY KNOWLEDGE
I HOPE I DONT HAVE A
\$400. FINE PLEASE

Steve Jal

8/20/05