## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Melling Actionss  Modify Actionss  928 WYND PLACE POMPANO BEACH, FL 33069  2. Principal Place of Business - No P.O. Box #   Sulfs, Apt. #, etc.  Sulfs, Apt.	DOCUMENT # P03000131308  1. Entity Name U.S. FOAM & COATINGS, INC.							FILED 07 FEB -7 PM 4: 45	
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   City & State	902 SW 2ND	PLACE		902 SW 2ND P	902 SW 2ND PLACE			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State	2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
Country   Country   Country   S. Continued Status Desired   S. 7.5 Authors   S. 7.5 Autho	Suite, Apt. #, etc.			Suite, Apt. #, etc.				02022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MCCULLOUGH, STEPHEN D CLA 2702 A WEST OAKLAND PARK BLVD  FT. LAUDERDALE, FL 33311  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 hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligation of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligation of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligation of registered agent, or both, in the State of Florida. I am hamilar with, and accept the obligation of the state of Florida. I am hamilar with, and accept the state of Florida. I am hamilar with, and accept the state of Florida. I am hamilar with, and accept the state of Florida. I am hamilar with, and accept the state of Florida. I am hamilar with, and accept the state of Florida. I am hamilar with, and accept the state of Florida	City & State			City & State					
Name    Street Address   P.C. Box Number is Not Acceptable	Zip		Country	Zip	Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sition Address (P.C. Box Number is Not Acceptable)  Fil. Zip Code  6. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  Amended AR is \$61.25  OPTICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIRE  KAPLAN, ROBERT N  SIMET AGRESS  OUT \$1.79  FORT LAUDERDALE, FL 33069  TILE  VP  AMAGE  ABOUT STATE AGRESS  OUT \$1.79  FORT LAUDERDALE, FL 33017  TILE  VP  FORT LAUDERDALE, FL 33017  TILE  WARE  KAPLAN, ROBERT N  SIMET AGRESS  OUT \$1.79  FORT LAUDERDALE, FL 33017  TILE  WARE  KAPLAN, ROBERT N  SIMET AGRESS  OUT \$1.79  FORT LAUDERDALE, FL 33017  TILE  WARE  KAPLAN, ROBERT N  MARE  KAPLAN, ROBERT N  SIMET AGRESS  OUT \$1.79  FORT LAUDERDALE, FL 33017  TILE  WARE  KAPLAN, ROBERT N  MARE  MA	Name and Address of Current Registered Agent								
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  Signature, hoped or privad name of registered agent and five it applicable.  Amended AR is \$61.25  9. Election Campaign Financing	2702 A WEST OAKLAND PARK BLVD					Street Address (P.O. Box Number is Not Acceptable)			
The obligations of registered agent.  SIGNATURE  Signature, toped or private ranger and sept applicable.  Amended AR is \$61.25  9. Election Campaign Financing						City FL Zip Code			
Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution. BS.5.00 May Be Added to Fees 04 (19/0701039012 ***70.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  TR. APLAN, ROBERT N STRET ADDRESS  OTFI-ST-2P  POMPAND BEACH, FL 33069  TUE  MAKE  KAPLAN, ROBERT N STRET ADDRESS  OTFI-ST-2P  FORT LADDERSONAL FL 33077  TUE  MAKE  KAPLAN, ROBERT N STRET ADDRESS  OTFI-ST-2P  FORT LADDERSONAL FL 33077  TUE  MAKE  KAPLAN, ROBERT N STRET ADDRESS  OTFI-ST-2P  FORT LADDERSONAL FL 33089  TUE  MAKE  KAPLAN, ROBERT N STRET ADDRESS  OTFI-ST-2P  TUE  MAKE  M									
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CITY-ST-ZIP POMPANO BEACH, FL 33069  CITY-ST-ZIP	NAME STREET ADDRESS	PRES KAPLAN, 902 SW 2	ROBERT N ND PLACE		NAM Stre	E	PRE	Lent N. Kaplan Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not quality 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.	TITLE NAME STREET ADDRESS	SEC KAPLAN, 902 SW 2	ROBERT N ND PLACE	□ De	NAM Stre	E Et address -st-zip	SE R.L 902	Lert N. 1/a plan Change Addition of the 2006	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.	TITLE NAME STREET ADDRESS			□ De	NAM STRE	E Et address	<i>, 50</i>		
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