


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90103 024 \*\*\*150.00

<b>DOCUMENT # P03000143471</b> 1. Entity Name <b>CUTTING EDGE COATINGS INC.</b>			
Principal Place of Business <b>2579 DOUGLAS AVENUE PENSACOLA, FL 32504</b>		Mailing Address <b>2579 DOUGLAS AVENUE PENSACOLA, FL 32504</b>	
2. Principal Place of Business - No P.O. Box # <b>1130 W. Nine Mile Road Suite, Apt. #, etc. #680</b>		3. Mailing Address <b>PO Box 36221 Suite, Apt. #, etc.</b>	
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>	
Zip <b>32534</b>		Zip <b>32516</b>	
Country		Country	
4. FEI Number <b>20-0429773</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, PATRICIA 2579 DOUGLAS AVENUE PENSACOLA, FL 32504</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1130 W. Nine Mile Road #680</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32534</b>	
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 <u><i>Patricia R Brown</i></u> <small>(If Not Registered Agent signature required when reinstating)</small> DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, PATRICIA 2579 DOUGLAS AVENUE PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1130 W. Nine Mile Road #680 Pensacola, FL 32534</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BROWN, ROBERT W 2579 DOUGLAS AVENUE PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1130 W. Nine Mile Road #680 Pensacola, FL 32534</b>
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: <u><i>Patricia R Brown</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/9/07</u> <small>Date</small>	
<small>Daytime Phone #</small>			