2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

Zip Country Zip Country 5. Conflicate of Status Desired S8.75 Additional Plant	DOCUMENT # P04000141960 1. Entity Name INDUSTRIAL COATING SYSTEMS, INC.						05-02-2005	90572 041 ***1	50.00	
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State County Zip County Zip County Zip County S. Contribute of Status Desired S. Name and Address of Current Registered Agent Name S. Name and Address of Current Registered Agent Fig. England Fig. England T. Name and Address of Name Registered Agent Name Street Address (P.O. Box Number in Not Acceptable) Street Address (P.O. Box Number in Not Acceptable) Street Address (P.O. Box Number in Not Acceptable) Street Address of Registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine chiligations of registered agent, or both, in the State of Florida. I am formitier with, and a fine c	Principal Place of Business Mailing Address			· ·		1				
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City & State Country Country Country Country Country Country State Conflicate of Status Desired Status Desired Status Desired Status Desired State Address of New Registered Agent 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 entry submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familier with, and a face of the obligations of registered agent. Signature Signature Signature Signature Signature Signature City State Notic Informed Agent sepature registered agent, or both, in the State of Florida. I am familier with, and a face of the obligations of registered agent. Signature Si	2. Principal Place of Business		3. Mailing Address							
Time			· · · · · · · · · · · · · · · · · · ·		04222005	Chg-P	CR2E034 (10/0			
S. Name and Address of Current Registered Agent File Required SIGNATURE FILE NOWN: FEL S \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ITILE NAME CLOUTIER, ANTHONY J STREET ADDRESS CITY-S1-2P TITLE NAME STR						4. FEI Numb	20-1780	 	Applied For Not Applicable	
Name	Zip		<u></u>	Countr	у			Fee Requ		
REIDAISH, PHILIP F JR 320 W. SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779 City FL Zip Code		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New I	Registered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and a trib collisions of registered agent and title if applicable. SIGNATURE Signature, howed or printed name of registered agent and title if applicable. NOTE Registered depent, or both, in the State of Florida. I am familier with, and a state ment of registered agent and title if applicable. NOTE Registered agent, or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent and title if applicable. NOTE Registered agent, or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent. or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent. or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent, or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent, or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent, or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent, or both, in the State of Florida. I am familier with, and a state in the obligations of registered agent. or the state of Florida. I am familier with, and a state in the state of Florida. I am familier with, and a state in the state of Florida. I am familier with, and a state of Florida. I am familier with, and a state of Florida. I am familier with, and a state of Florida of F				-						
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### Park A Private or primited name of registered agent and title of exposured. (POTE Registered Agent separative required when raineasing) ### Park	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.									
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.										
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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: JSGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR