2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P05000013048

Entity Name: W. PROFESSIONAL COATINGS, INC.

Current Principal Place of Business:

1400 E MOWRY DRIVE #1420 APT. 204
HOMESTEAD, FL 33033

New Principal Place of Business:

27600 SW 197 AVE
HOMESTEAD, FL 33031

Current Mailing Address:

1400 E MOWRY DRIVE #1420 APT. 204
HOMESTEAD, FL 33033

New Mailing Address:

27600 SW 197 AVE
HOMESTEAD, FL 33031

FEI Number: 20-2223747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, WALFRED A
1400 E MOWRY DRIVE #1420 APT. 204
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

GOMEZ, WALFRED A
27600 SW 197 AVE
HOMESTEAD, FL 33031 US

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.

SIGNATURE: WALFRED A GOMEZ 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: GOMEZ, WALFRED A
Address: 1400 E MOWRY DRIVE #1420 APT. 204
City-St-Zip: HOMESTEAD, FL 33033

Title: VSD (X) Delete
Name: PEREZ, MIGUEL
Address: 1400 E MOWRY DRIVE #1420 APT.204
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOMEZ, WALFRED A
Address: 27600 SW 197 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALFRED A GOMEZ PD 04/26/2007
Electronic Signature of Signing Officer or Director Date