2006 FQR. PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P05000035974 04-18-2006 90091 040 ***158.75 XUREX-NANO-COATINGS CORP. Principal Place of Business Mailing Address 2152 NW 138TH TERRACE PEMBROKE PINES FL 33028 2152 NW 138TH TERRACE PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State SAME Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SAME SAME Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLLEY, RICHARD D Street Aridress (P.O. Box Number is Not Acceptable) 2152 NW 138 TERRACE PEMBROKE PINES FL 33028 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or both, in the State of Florida. I am familiar with, and accept the obligations of #501 SIGNATURE. weed name of registered agent and life it applicable / (NOTE Registered Agent signature) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PANG, BO HAANDAN Change Maddition Delete TITLE PST,D 4374 SORAdeque wood Ave NAME POLLEY, RICHARD D. NAME STREET ADDRESS 2152 NW 138TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33028 ['Audition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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.

RICHARD D. POLLEY

FILED