2007 FOR PROFIT CORPORATION

Mar 19, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P05000054636 03-19-2007 90077 048 ***150.00 1. Entity Name DESIGNED CONCRETE COATINGS, INC. Principal Place of Business Mailing Address 400000 13378 SW 102ND CT 13378 SW 102ND CT BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 2. Principal Place of Business - No P.O. Box # 13378 5. E. 100 NO C4. 3. Mailing Address 13318, S.E. 102 wdct Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) Belleview Belleview, Kl. 4. FEI Number Applied For 54-2171279 Not Applicable MARION \$8.75 Additional 5. Certificate of Status Desired MARION Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEWELL, DALE A Street Address (P.O. Box Number is Not Acceptable) 13378 SW 102ND CT BELLEVIEW, FL 34420 13378 5E 102md Ct City Belleview 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 agery 1-30-07 SIGNATURE. Signature, typed at a (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Jewell, Pale A. 13378 SE 10202 Ct Belleview, R. 34420 ☐ Change ☐ Addition JEWELL, DALE A NAME NAME 13378 SW 102ND CT STREET ADDRESS STREET ADORESS CITY-ST-7IP BELLEVIEW, FL 34420 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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.

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED