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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW

Account Number: 1200000000069
Phone : (941)955-4990
Fax Number : (941)955-4997

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BASIC AMENDMENT

PARADISE COATINGS, INC.

Certificate of Status	0
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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION

PARADISE COATINGS, INC., A FLORIDA CORPORATION, FLORIDA DOCUMENT NUMBER P05000145322

The undersigned, as officer of the Corporation authorized to execute this document, hereby certifies as follows:

At a special joint meeting of the Board of Directors and the Shareholders of this Corporation, called and held according to the applicable provisions of the Laws of Florida and this Corporation's Bylaws, on November 8, 2005, at which meeting all of the members of the Board of Directors and all of the Shareholders of record were present, and the following resolution was unanimously adopted:

> It is hereby resolved by the Board of Directors and the Shareholders of PARADISE COATINGS, INC., that the Articles of Incorporation of PARADISE COATINGS, INC., he, and they hereby are, amended, effective immediately to add Article Tenth as follows:

The initial Officers of the Corporation shall be as follows:

Dylan Wooldrige President -Vice President Secretary -

Joseph H. DeLange Joseph H. DeLange

Assistant Secretary -Treasurer -

Dylan Wooldrige Linda Wood

Assistant Treasurer - Dylan Wooldrige

The number of votes cast for approval of the Amendment by the Shareholders was sufficient for its approval.

In witness whereof, these Articles of Amendment are being executed and filed by the authorized Corporate officer, on behalf of PARADISE COATINGS, INC.

PARADISE COATINGS, INC.,

a Florida Corporation

as President

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State of Florida) County of Sarasota)

The foregoing instrument was acknowledged before me this day of November, 2005, by Dylan Wooldrige, as President of PARADISE COATINGS, INC., who is personally known to me or has produced for a sidentification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Signature of Notary Public

Print Name of Natary Public

(Notary Seal)

I am a Notary Public of the State of and my

commission expires on



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