


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 011 ***150.00

DOCUMENT # P06000008117	
1. Entity Name C & C COATING, INC	

Principal Place of Business 3130 RIO GRANDE TRL KISSIMMEE, FL 34741	Mailing Address 3130 RIO GRANDE TRL KISSIMMEE, FL 34741
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2. Principal Place of Business - No P.O. Box # 2057 Tiptree Circle	3. Mailing Address 2057 Tiptree Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 32837	Country USA
Zip 32837	Country USA

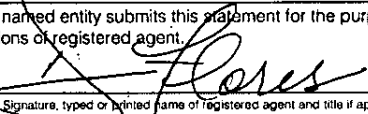


04042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4183005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLORES, CARLOS 3130 RIO GRANDE TRL KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name Flores, Danielle Street Address (P.O. Box Number is Not Acceptable) 2057 Tiptree Circle City Orlando FL Zip Code 32837
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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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4-4-07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORES, CARLOS		NAME Flores, Carlos	
STREET ADDRESS 3130 RIO GRANDE TRL		STREET ADDRESS 2057 Tiptree Circle	
CITY-ST-ZIP KISSIMMEE, FL 34741		CITY-ST-ZIP Orlando, FL 32837	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORES, DANIELLE		NAME Flores, Danielle	
STREET ADDRESS 3130 RIO GRANDE TRL		STREET ADDRESS 2057 Tiptree Circle	
CITY-ST-ZIP KISSIMMEE, FL 34741		CITY-ST-ZIP Orlando, FL 32837	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.

SIGNATURE:  DATE **4-4-07** DAYTIME PHONE # **321-231-3687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR