


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90009 009 ***150.00

DOCUMENT # P96000020329 1. Entity Name COATING TECHNOLOGY, INC.	
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Principal Place of Business 360 SCARLET BLVD. OLDSMAR, FL 34677 US	Mailing Address 360 SCARLETT BLVD. OLDSMARK, FL 34677 US
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DO NOT WRITE IN THIS SPACE

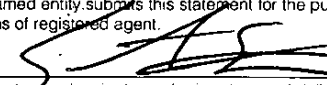


05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3364847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PANTLE, STEPHEN A 360 SCARLET BLVD. OLDSMAR, FL 34677
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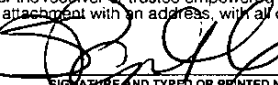
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8. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PANTLE, STEPHEN 360 SCARLET BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PANTLE, SUSANNE M 360 SCARLET BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5-1-08 Daytime Phone # 813-854 3674