2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 07, 2008 08:00 Al Secretary of State **DOCUMENT # P98000005419** VERO COATINGS, INC. Principal Place of Business Mailing Address 1166 6TH AVE. 1166,6TH AVE. **BUILDING C, APT. 5 BUILDING C, APT. 5** VERO BEACH, FL 32960 VERO BEACH, FL 32960 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3493014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GELSIMINO, ROBERT P DO NOT WRITE 1166 6TH AVE. **BUILDING C, APT. 5** IN THIS SPACE VERO BEACH, FL 32960 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 DATE Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 U00000819583 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \$208-80087-024 150.nn 10. OFFICERS AND DIRECTORS TITLE GELSIMINO, ROBERT P NAME 1166 6TH AVE. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR