

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000099324

1. Entity Name

DOUGLAS COMMERCIAL COATING AND MAINTENANCE, INC.

Principal Place of Business

Mailing Address

1553 N.E. 105TH ST
MIAMI SHORES FL 33138
US

1553 N.E. 105TH ST
MIAMI SHORES FL 33138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DICKERMAN, DOUGLAS D
1553 NE 105TH ST
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | | | |
|----------------|---|----------------|-----------------------|----------------|--|----------------|--|
| TITLE | D | NAME | DICKERMAN, DOUGLAS D | TITLE | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | 1553 NE 105TH ST | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | MIAMI SHORES FL 33138 | CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | NAME | | TITLE | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | 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 Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS D. DICKERMAN

4/21/06

305-970 6474