2007 FOR PROFIT CORPORATION ---

ANNUAL REPORT Feb 09, 2007 08:00 AM **DOCUMENT # P99000019721 Secretary of State** 1. Entity Name EAST COAST TINTING AND DESIGN, INC. Principal Place of Business Mailing Address 3574 SE DIXIE HIGHWAY 3574 SE DIXIE HIGHWAY STUART, FL 34997 STUART, FL 34997 No Cha-P CR2E034 (11/05) 01222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0900823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBINO, ARMAND A DO NOT WRITE 5591 SE COLEE AVE STUART, FL 34997 IN THIS SPACE 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be //00000629370 //6/07-80055-006 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. < TITLE PSTD RUBINO, ARMAND A NAME STREET ADDRESS 5591 SE COLEE AVE CITY-ST-ZIP STUART, FL 34997 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY+ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

2/2/06

772) 287 4200

FILED