2008 FOR PROFIT CORPORATION ANNUAL REPORT

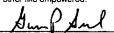
Apr 16, 2008 08:00 All Secretary of State **DOCUMENT # S51469** 1. Entity Name COASTAL PAINTING AND WATERPROOF COATINGS. INC. Principal Place of Business Mailing Address **4746 SOUTH PENINSULA 4746 SOUTH PENINSULA** PONCE INLET, FL 32127 US PONCE INLET, FL 32127 US 03142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3067070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWICK, LINDA J DO NOT WRITE 4746 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIJI FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees U00000300046 10. OFFICERS AND DIRECTORS TITLE D SWICK, GARY P. NAME STREET ADDRESS 4746 SOUTH PENINSULA CITY-ST-ZIP PONCE INLET, FL TITLE SWICK, LINDA J MAME STREET ADDRESS 4746 SOUTH PENINSULA DRIVE CITY-ST-ZIP PONCE INLET, FL 32127 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GANY P. SWICK



abileo

386 767-0856

Daytime Phone 4

FILED