2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2007 08:00 AM Secretary of State **DOCUMENT # P03000116469** R.D. PAINTING OF THE FLORIDA KEYS, INC. Principal Place of Business Mailing Address 800 50 CT PO BOX 501744 MARATHON, FL 33050 MARATHON, FL 33050 03242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2408868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVANE, JR.,, WILLIAM N ESQ. DO NOT WRITE 5701 OVERSEAS HWY STE 12 MARATHON, FL 33050 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE DORN, RICHARD NAME U00000687343 04/10/07-80058-016 150.00 STREET ADDRESS 800 50 CT MARATHON, FL 33050 City-St-Zip 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-7IP TITLE 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 inclicated 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 rils report as produced by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attractment with an address with all other information.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-2-07

Daytime Phone #

FILED