2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # 481037** GANSTER PAINTING, INC. Principal Place of Business Mailing Address 6776-56 AVE N. 6776-56 AVE N. ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709 No Chg-P CR2E034 (11/05) 04202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1621537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GANSTER III, WILLIAM A. DO NOT WRITE 6776 - 56TH AVE. N. ST PETERSBURG, FL 33709 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 agnature required wher reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME GANSTER, WILLIAM A., III STREET ADDRESS 6776 56TH AVE. N. CITY-ST-ZIP ST. PETERSBURG, FL 33709 U00000537066 05/09/06-80003-001 150.00 TITLE GANSTER, CHERYL J. NAME 6776 56TH AVE. N. STREET ADDRESS ST. PETERSBURG, FL 33709 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 trusted employeered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee employered to execute changed, or on an attachment with an address than all other the changed.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

544-1088 Daytime Phone #