2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM Secretary of State **DOCUMENT # 521026** 1. Entity Name THE PAINT CENTER, INC. Principal Place of Business Mailing Address 1322 SOUTH ADAMS ST. 1322 SOUTH ADAMS ST. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1724222 Not Applicat Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SESSIONS, LEON, JR 2004 HICKORY LANE TALLAHASSEE FL 32305 Street Address (P.O. Box Number is Not Acceptable) City Zio Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and according the obligations of registered agent. SIGNATURE Signature typerior privide neine of registered agent and time if applicative DATE (NOTE: Registered Agent signature required when remainlyin) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Mav : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 000000449776 ☐ Change Title SD ☐ Delete 7551.5 NAME SESSIONS, FRANCES K NAME 03/09/06-80069-007 150.00 STREET ADDRESS 2004 HICKORY LANE STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TALLAHASSEE FL PD ☐ Change □ A∴ THE Defete TITLE MAME SESSIONS, LEON, JR NAME STREET ADDRESS 2004 HICKORY LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP □Æ THICC ☐ Delete MILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-BP Defete TITLE ☐ Change □ Mc NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-217 CITY-ST-ZIP ☐ Aria TITLE ☐ Dolete THE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cary-ST-ZP A. TITLE ☐ Delete SHE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-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 eath; that I am an officer of direct 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 if changed, or on an attachment with an address, with all other lyte empowered.

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SIGNATURE A -LOTA

2/33/06

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