2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2005 8:00 am **Secretary of State DOCUMENT # 543504** 1. Entity Name 01-12-2005 90014 010 ***150.00 PAINT WORLD DISTRIBUTORS, INC. Principal Place of Business Mailing Address 14100001 8920 S. LAKE DISHA DR 8920 S. LAKE DISHA DR PLANTATION, FL 33324 PLANTATION, FL 33324 CR2E034 (10/03) 01032005 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1769869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDON, MICHAEL DO NOT WRITE 8920 S. LAKE DISHA DR PLANTATION, FL 33324 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. Gordon Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent s/gnature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GORDON, MICHAEL 89 LO S. LAKE DASHL DE NAME STREET ADDRESS 5920 S LAKE DASHA DR. CITY-ST-ZIP PLANTATION, FL 33324 TILE NAME STREET ADDRESS 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

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CIGNATURE. Mullall Terilor

TITLE NAME STREET ADDRESS CITY-ST-ZIP