2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 08:00 AM DOCUMENT # F06000004883 **Secretary of State** 1. Entity Name JAMES M. ANTHIS PAINTING CO., INC. Principal Place of Business Mailing Address 2501 LODI STREET 2501 LODI STREET SYRACUSE, NY 13208 SYRACUSE, NY 13208 02262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1386066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANTHIS, PERRY T DO NOT WRITE 8145 LAGOS DE CAMPO BLVD APT 1-3 TAMARAC, FL 33321 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 NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CP ANTHIS, JAMES M NAME STREET ADDRESS 2501 LODI STREET CITY-ST-ZIP SYRACUSE, NY 13208 U00000678088 04/02/07-80019-007 150.00 TITLE 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 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 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 attachyactil with an addressy with all one; like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPEO'DE PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/22/07

Daytime Phone #

FILED