DOCUMENI # Lavigo 1. Entity Name ERIC'S PAINTING & DECORATING, INC. **FILED** Jan 24, 2007 08:00 AM Secretary of State Principal Place of Business Mailing Address % ERIC D. GEISTERT % ERIC D. GEISTERT 771 PALAMINO CIR. 771 PALAMINO CIR. NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2226528 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GEISTERT, ERIC D Street Address (P.O. Box Number is Not Acceptable) 771 PALAMINO CIR. NOKOMIS FL 34275 Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TAC Signature, typed or printed frame of registered agent and little if applicable (NOTE Registured Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change 11111 ☐ Defete HHE GEISTERT, ERIC D NAM NAMI U00000600465 771 PALAMINO CIR. STITLE LADDRESS STREET ADDRESS 01/26/07-80010-021 150.00 NOKOMIS FL OTY SE ZIP CITY ST 70° ☐ Change ☐ Addition Delete IHIF IIILE NAM NAMI SIREE LADDRESS STREET ADDRESS CITY ST-71P CHY ST ZIP ☐ Change ☐ Addition ☐ Delete ma ши NAME NAM SIRLLI ADDRESS STITEL FADDRESS CHY ST 78P CITY ST ZIP Change Addition ☐ Deleic IIIIE 11111 NAM MASS SHEEL LADDRESS STREET ADDRESS CITY ST 78P CHY 51 7IP Change Addition 11111 Delete mil NAM SHEET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST ZIP ☐ Change ☐ Äddilion BBF ☐ Delete TITLE NAM NAM STRUCT LADORESS STREET ADDRESS CHY-SI ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 logal effect as if made under oath; that I am an officer or director of the corporation or the recover 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 amaderess, with all other like empowered.

SIGNATURE:

CITY - ST ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR