2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2007 08:00 A Secretary of State DOCUMENT # G76317 1. Entity Name PEDRERO PAINTING, INC. Principal Place of Business Mailing Address 3121 VESPER AVENUE 3121 VESPER AVENUE SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2353539 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo PEDRERO, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 3121 VESPER AVENUE SARASOTA FL 34232 City Zip Code 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. DATE (NOTE, Registered 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition IIIŒ Delete TILE U00000672509 PEDRERO, RAYMOND NAME NAME 03/28/07-80072-018 150.np 3121 VESPER AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-S1-7IP CITY-ST-ZIP □ Delete ШЦ TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE □ Change ■ AddItion NAMI NAME STREET ADDRESS STREET ADDRESS C11Y-S1-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREE LADDRESS STREET ADDINESS CITY+ST-7JP CITY-ST-ZIP ĮITI F ☐ Defete ШЦ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Change ☐ Addition HIII ☐ Delete HITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I heroby 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 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.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-07

941-809-8449

Daytima Phone #

FILED