2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # J67693** 1. Entity Name 04-22-2004 90097 030 ***150.00 MORNING STAR PAINTING, INC. Principal Place of Business Mailing Address % RALPH VENTURA 743 GENRTY CT WINTER SPRINGS FL 32708 743 GENTRY CT WINTER SPRGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2802083 Not Applicable _Country_____ Country_ \$8.75 Additional .Zip.____ Zip 5.-Gertificate of Status Desired... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENTURA, RALPH Street Address (P.O. Box Number is Not Acceptable) 743 GENTRY COURT WINTER SPRINGS FL 32708 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Delete TITLE ☐ Change ☐ Addition TITLE VENTURA, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 743 GENTRY CT WINTER SPRGS FL CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL 5 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(407) 340-1576