


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M56229 |  |
| 1. Entity Name MASTER PAINTERS - PAUL ROORDA, INC. | |

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| Principal Place of Business C/O PAUL ROORDA III PO BOX 1141 JUPITER, FL 33468 US | Mailing Address C/O PAUL ROORDA III 15700 75TH AVE PALM BEACH GARDENS, FL 33410 US |
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02012007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2840527 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROORDA, PAUL III 15700 75TH AVE PALM BEACH GARDENS, FL 33418 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000622349 02/13/07-80022-012 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROORDA, PAUL III 15700 75 AVE. PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AV ROORDA, PAUL JR. 200 OCEAN TRAIL WAY #401 JUPITER, FL 33477 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROORDA, IRENE 15700 75 AVE. PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROORDA, RUTH 200 OCEAN TRAIL WAY #401 JUPITER, FL 33477 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROORDA, THEODORE 200 OCEAN TRAIL WAY #401 JUPITER, FL 33477 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

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| SIGNATURE: <u>Ruth E. Roorda</u> Ruth E. Roorda <u>2/1/07</u> <u>561-747-2461</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> |