2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90471 035 ****61.25

1. Entity Nam PAINTED	MENT # N94000 ROCK SEMINARS, IN						04-30-2007 3	70 171 03.	01	.23	
1000 N MAIN STREET PO I			ng Address BOX 492 ITTAHOOCHEE, FL 32324		,						
2. Principal Place of Business - No P.O. Box #		3. Mail	3. Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			03092007	Chg-NP	CR2E03	7 (12/06)		
City & State	e	Cit	y & State			4. FEI Number 59-3311	748			oplied For ot Applicable	
Zip	Country	Zip		Cou	untry	5. Certificate of	f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Cu	rrent Registere	d Agent		N	7. Name and A	ddress of New F	Registered A	gent		
RESCH, E 2191 MOH SNEADS, I	IAWK TRAIL				Street Addr	ess (P.O. Box Number	is Not Acceptabl	e)	-		
					City			FL	Zip Cod	e	
SIGNATURE Signature, typed or printed name of registered agent and title if apple Filling Fee is \$61.25 Due by May 1, 2007			#Icable (NOTE: Registered Agent signature required 9. Election Campaign Financing Trust Fund Contribution.			equired when reinstating)		DATE	<u> </u>		
	_			mpaign F	inancing	\$5.00 May Be	I	flake check rida Depart			
10.	Due by May 1, 2007	ND DIRECTORS		mpaign F Contribut	Financing tion.	\$5.00 May Be Added to Fees	Flor	fake check rida Depart	ment of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	ND DIRECTORS		mpaign F Contribut 11. TITU NAM STRE	Financing tion.	\$5.00 May Be	Flor	fake check rida Depart	ment of S	tate	
TITLE NAME STREET ADDRESS	OFFICERS AT PD ANNIS, LAWRENCE V 1330 SHARON ROAD	ND DIRECTORS	Trust Fund (mpaign F Contribut 11. TITLE NAM STRE CITY TITLE NAM STRE	E EET ADDRESSST-ZIP E	\$5.00 May Be Added to Fees	Flor	fake check rida Depart	ment of S	tate I 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AF PD ANNIS, LAWRENCE V 1330 SHARON ROAD TALLAHASSEE, FL 32303 TSD RESCH, ELLEN E 2191 MOHAWK TRAIL	ND DIRECTORS	Trust Fund (mpaign F Contribut 11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E HE EET ADDRESS ST- ZIP E HE EET ADDRESS ST- ZIP E HE EET ADDRESS ST- ZIP E EET ADDRESS ST- ZIP E	\$5.00 May Be Added to Fees	Flor	fake check rida Depart	ECTORS IN	tate I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AN PD ANNIS, LAWRENCE V 1330 SHARON ROAD TALLAHASSEE, FL 32303 TSD RESCH, ELLEN E 2191 MOHAWK TRAIL SNEADS, FL 32460 VPD BOHN, MARTIN 3113 SHAMROCK SOUTH	ND DIRECTORS	Trust Fund (mpaign F Contribut 11. TITLE NAM STRE CITY	E HE EET ADDRESS ST-ZIP E	\$5.00 May Be Added to Fees	Flor	fake check rida Depart	MECTORS IN Change	I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AN PD ANNIS, LAWRENCE V 1330 SHARON ROAD TALLAHASSEE, FL 32303 TSD RESCH, ELLEN E 2191 MOHAWK TRAIL SNEADS, FL 32460 VPD BOHN, MARTIN 3113 SHAMROCK SOUTH	ND DIRECTORS	Delete Delete Delete	mpaign F Contribut 11. Titte NAM STRE CITY TITLE NAM STRE CITY	E HE EET ADDRESS ST- ZIP E HE H	\$5.00 May Be Added to Fees	Flor	fake check rida Depart	Ment of Si RECTORS IN Change Change	tate 10 Addition Addition	

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 617, 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: Eller Eler E. Resch (Teasurer) 4/27/07

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

Date

Dat

(850) 663-7110

Daytime Phone #