2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2005 08:00 AM DOCUMENT # P00000025345 **Secretary of State** WARNER PAINTING, INC. Principal Place of Business_ Mailing Address 6501 SANDPIPER DRIVE 6501 SANDPIPER DRIVE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 US No Chg-P CR2E034 (10/03) 03072005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0999045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FILINGS, INC DO NOT WRITE 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 IN THIS SPACE 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 fills if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be H00000268024 FILE NOW!!! FEE IS \$150.00 03/18/05-80025-018 150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. THLE WARNER, KEITH NAME STREET ADDRESS 6501 SANDPIPER DRIVE CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE STREET ADDRESS CITY ST-ZIP THLE STREET ADDRESS DO NOT WRITE GRY ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY ST-ZIP titel NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

314/05

561-309-348

Daylime Phone #

FILED