2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 13, 2007 08:00 AM Secretary of State DOCUMENT # P00000058680 1. Entity Name BEN PETTINATO PAINTING, INC. Principal Place of Business Mailing Address 253 MATISSE CIRCLE EAST 253 MATISSE CIRCLE EAST NOKOMIS, FL 34275 NOKOMIS, FL 34275 07092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1033850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETTINATO, BEN DO NOT WRITE 253 MATISSE CIRCLE EAST NOKOMIS, FL 34275 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 title if applicable (NOTE. Registered Agent signature required when reinstating) U00000768688 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be u7/13/07-80005-022 550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10, TITLE PETTINATO, BEN NAME 253 MATISSE CIRCLE EAST STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 3371.E NAME STREET ADDRESS CITY-ST-ZIP 3131 5 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CATY-SY-ZIP MANAS

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee 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 gempowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED