2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 AM DOCUMENT # P01000005800 **Secretary of State** 1. Entity Name KOURAS PAINTING, INC. Principal Place of Business Mailing Address 1013 FOREST CIR. 1013 FOREST CIR. WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 No Chg-P CR2E034 (11/05) 04112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3676543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent KOUKOURAS, MICHAEL DO NOT WRITE 1013 FOREST CIRCLE WINTER SPRINGS, FL 32708 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. DATE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000718510 04/25/07-80047-004 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KOUKOURAS, MICHAEL NAME 1013 FOREST CIR. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL. 32708 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS

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 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:

CITY-ST-ZIP

HITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/13/07

32/-277-719/

Daytime Phone #

FILED