2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # P01000027030** 1. Entity Name M.S.B. PAINTING INC. Principal Place of Business ____ Mailing Address 2039 SIDNEY ST. 2039 SIDNEY ST. CLEARWATER, FL 33763 CLEARWATER, FL 33763 CR2E034 (10/03) 03112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3712237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAIL, MARC S DO NOT WRITE 2039 SIDNEY ST. CLEARWATER, FL 33763 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. MARC SIGNATURE. , typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000344495 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/29/05-80138-018 150.00 Trust Fund Contribution OFFICERS AND DIRECTORS 10, TITLE BAIL, MARC S NAME STREET ADDRESS 2039 SIDNEY ST. CITY-ST-ZIP CLEARWATER, FL 33763 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE.

12. I hereby certify that the information supplied with this filing 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Marc SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF