


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | |
|---------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000038521 |  |
| 1. Entity Name M & B PAINTING INC. | |

FILED
08 MAY -2 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 2459 CHENEY HWY UNIT 72 TITUSVILLE, FL 32780 | Mailing Address 2459 CHENEY HWY UNIT 72 TITUSVILLE, FL 32780 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

| | |
|------------------------------------------------|-----------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 4525 ROSEHILL AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State TITUSVILLE FL |
| Zip | Country 32780 BREVARD |



04282008 Chg-P CR2E034 (12/06)

| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 59-3712900 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent TOLSON, JOHN 400 ORANGE STREET TITUSVILLE, FL 32796 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------|--------------------------------------------------------------------------------------------------------------|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-----------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME D MARINO, ROBERT M 3000 SIR HAMILTON CIR TITUSVILLE, FL 32780 | <input type="checkbox"/> Delete | TITLE NAME D MARINO, ROBERT M 4525 ROSEHILL AVE TITUSVILLE, FL 32780 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME D BILLINGSLEY, SHANE 3934 BURKHOLM ROAD MIMS, FL 32754 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20 5/7