2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P01000039067

Entity Name: TOUCH OF CLASS PAINTING SERVICES, INC.

Current Principal Place of Business:

8345 ROBIN RD.
FORT MYERS, FL 33912

New Principal Place of Business:

905 ALLMAN AVE.
LEHIGH, FL 33917

Current Mailing Address:

8345 ROBIN RD.
FORT MYERS, FL 33912

New Mailing Address:

PO BOX 60711.
FORT MYERS, FL 33906

FEI Number: 94-3395034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DA CRUZ, GILBERTO
8345 ROBIN RD.
FORT MYERS, FL 33912

Name and Address of New Registered Agent:

DA CRUZ, GILBERTO
905 ALLMAN AVE.
LEHIGH, FL 33917

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.

SIGNATURE: _____ 04/26/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: DA CRUZ, GILBERTO
Address: 8345 ROBIN RD.
City-St-Zip: FORT MYERS, FL 33912

Title: VPD ( ) Delete
Name: DA CRUZ, GILBERTO
Address: 8345 ROBIN RD.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: DA CRUZ, GILBERTO
Address: 905 ALLMAN AVE.
City-St-Zip: LEHIGH, FL 33917

Title: VPD (X) Change ( ) Addition
Name: CRUZ, ALENIZIA A VPD
Address: 905 ALLMAN AVE.
City-St-Zip: LEHIGH, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALENIZIA A. CRUZ VPD 04/26/2004
Electronic Signature of Signing Officer or Director — Date