ANNUAL REPORT (AR)

SIGNATURE: Name

## DOCUMENT # P01000040815 **FILED** 1. Entity Namo Apr 18, 2007 08:00 AM Secretary of State BIRMINGHAM PAINTING & WATERPROOFING, INC. Principal Place of Business Mailing Address 9641 PINE LAKE TRAIL ST PETERSBURG FL 33708 9641 PINE LAKE TRAIL ST PETERSBURG FL 33708 2. Principal Place of Business - No P.O Box # 3. Mailing Address 5 Ame 59MC Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3758791 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BIRMINGHAM, DANIEL 9641 PINE LAKE TRAIL Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33708 City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registerod agon) and title r applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete HILE ☐ Change ☐ Addition BIRMINGHAM, DANIEL J NAME. NAME STREET ADDRESS 9641 PINE LAKE TRAIL STREET ADDRESS SAINT PETERSBURG FL 33708 CITY-ST-ZIP CITY- \$1-71P TITLE Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP mu Delete TITLE . ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP TITLE ☐ Delele TITLE ☐ Change Addition NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP DILE Delele TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete THILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

anil f. B. DANICI J. BIRMINGHAM 4-15-07 727-482-6635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Despire Phone \*\*