2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Stock Steage GEOFF GEORGE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

| ANNUAL NEPUNI (AN) | | | | | | , FILED | | | | |
|---|---------------------------|---|--------------------------------|----------------|---------------------------------------|---|-------------------------------------|----------------------------|---------------------|---------------------------------------|
| DOCUMENT # P01000119085 1. Expity Name | | | | | | Apr 04, 2005 08:00 AM Secretary of State | | | | |
| PAINT CONCEPTS, INC. | | | | | | | Secre | tary or | Jiai | |
| Principal Place of Business Mailing Address | | | | | · · · · · · · · · · · · · · · · · · · | 1 | | | | |
| 1907 WADE DRIVE | | | 1907 WADE DRIVE | | | | | | | |
| CAPE CORA | AL FL 33991 | | CAPE CORAL FL 3399 | 91 | | | | Baink higgs (1882-1811) da | ini inidi dili | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt #, etc. | | | 1st MOORE CR2E034 (10/04) | | | | |
| City & State | | | City & State | | | 4. FEI Numb | ^{er} 38-3401311 | | Not | Applicable |
| Zip | Country | | Zip | Country | | | of Status Desired | Fee F | 75 Addi Required | |
| | 6. Name and Ad | dress of Current Re | gistered Agent | | Name | 7. Name and | Address of New R | egistered Agent | | · · · · · · · · · · · · · · · · · · · |
| GEORGE, GEOFF | | | | | | | | | | |
| 1907 WADE DRIVE CAPE CORAL FL 33991 | | | | | Street Address | (P.O. Box Numb | er is Not Acceptable |) } | | |
| | | | | | City | | | FL Z | ip 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 obligat | tions of registered age | ent. | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agant and title if applicable (NOTE Registered Agent signature required when reinstating). DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | | | | 9. Election Campa Trust Fund Con | | | 00 May Be d to Fees |
| | | | ND DIRECTORS 11. | | | ADDITIONS | /CHANGES TO OFF | ICERS AND DIRE | CTORS | IN 11 |
| TITLE | D | | ☐ Delete 🏻 Ti | | E | | | | Change | Addition |
| NAME | GEORGE, GEOFF | | NA | | - | (100000287894 04/04/05-80088-004 158.79 | | _ | | |
| STREET ADDRESS | 1907 WADE DRIVI | | | | ET ADDRESS -ST-ZIP | | U4/U4/U5-6UU66-UU4 158. <i>(</i> 5 | | | |
| CITY-ST-ZIP | CAPE CORAL FL | 33931 | ☐ Delete | | | | · | | Change | Addition |
| TITLE NAME | Ī | | L. Delete | LI Delete NAMÉ | | | | ا | ilaigo | Addition |
| STREET ADDRESS | RESS | | | STRE | ET ADDRESS | | | | | |
| CITY ST-ZIP | | · ···· | | CLTA | -SI-ZIP | | | | | |
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| NAME STREET ADDRESS | | | | NAM Salara | E ADDRESS | | - | | | |
| CITY-ST-ZIP | 1 | | | | -ST-ZIP | | | | | |
| TITLE | | <u> – – – – – – – – – – – – – – – – – –</u> | ☐ Delete | THE | | | · · · · · · | | Change | Addition |
| NAME | | | | NAM | E | | | | | |
| STREET ADDRESS | } | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | - | -SI-ZIP | | | | | (T) 4 a 400 |
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| TITLE | | | ☐ Delete | FrIL | | | | | Change | Addition |
| NAME | | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS ST-ZIP | | | | | |
| | cortifue that the informa | ation supplied with th | is filling does not qualify fo | | | ection 119.07/2\ | (i) Florida Statutes | further certify th | at the in | formation |
| 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. | | | | | | | | | | |

Y-2-05 239-872-5482

B Date Daytime Phone 4